Guide to Multisectoral Linkages in HIV/AIDS Programming

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Agriculture

In many developing countries, survival relies to a large extent on a family's ability to feed itself, earn a living, and send its children to school. In this way, survival is directly related to the health of family members and their ability to work. The AIDS epidemic has resulted in lower levels of agricultural productivity leading to greater food insecurity. Food security on a larger scale impacts not only on agricultural development but also on political stability. The FAO and others have carried out many key studies and produced reports on the impact of HIV/AIDS on the social, political, and economic aspects of agricultural development.

ONLINE RESOURCES

http://www.usaid.gov/regions/afr/hhraa/aids_briefs/subsist.htm
Subsistence Agriculture (HIV and Agriculture)

http://www.info.usaid.gov/regions/afr/hhraa/aids_briefs/com_ag.htm
Commercial Agriculture (HIV and Agriculture)

http://www.fao.org/sd/wpdirect/wpre0002.htm
"Effect of HIV/AIDS on Agricultural Production Systems in West Africa"

http://www.fao.org/sd/wpdirect/wpre0074.htm
"The Implications of HIV/AIDS for Rural Development Policy and Programming: Focus on Sub-Saharan Africa"

http://www.fao.org/sd/wpdirect/WPre0003.htm
"AIDS and Agriculture in Sub-Saharan Africa"

http://www.fao.org/sd/Exdirect/EXre0026.htm
"HIV/AIDS and the commercial agricultural sector of Kenya: Impact, vulnerability, susceptibility and coping strategies"

http://www.fao.org/WAICENT/FAOINFO/SUSTDEV/WPdirect/WPan0046.htm
"HIV/AIDS in Namibia: The impact on the livestock sector" by Ida-Eline Engh, Libor Stloukal and Jacques du Guerny. FAO. 2000.
There is little information on the potential impact of HIV/AIDS on the livestock sector in Namibia. Moreover, the absence of sector-specific and agriculturally relevant interventions to counteract the potential negative impacts is an issue of concern for decision-makers. Because the AIDS pandemic is regarded as an important crosscutting developmental issue, it requires a multidisciplinary approach to understand it and to intervene effectively. This note focuses on the specific impact on the livestock sector, and it suggests strategies for consideration by the sector stakeholders in order to minimize and/or mitigate the negative impacts of HIV/AIDS on livestock.

http://www.fao.org/docrep/x0259e/x0259e00.htm#TopOfPage
"The Impact of HIV/AIDS on Rural Households/Communities and the Need for Multisectoral Prevention and Mitigation Strategies to Combat the Epidemic in Rural Areas"

http://www.fao.org/WAICENT/FAOINFO/SUSTDEV/WPdirect/WPan0026.htm
"Rural Children Living in Farm Systems Affected by HIV/AIDS: Some issues for the rights of the child on the basis of FAO studies in Africa"

http://www.fao.org/WAICENT/FAOINFO/SUSTDEV/WPdirect/Wpan0048.htm
"AIDS and agriculture in Africa: can agricultural policy make a difference?" by Jacques du Guerny, FAO, *Food, Nutrition and Agriculture.* #25. 1999.
The agriculture and health sectors need to become aware of the impact of the pandemic on production, food security and institutions. They also need to recognize that there already exist a number of policy and programme tools that could be effective in reducing the vulnerability of rural populations to HIV/AIDS. At this stage, the most effective policy and programme instruments available need to be explored systematically. Efforts to mobilize agricultural institutions, both public and private, are worthwhile in the face of the present and potential damage of the pandemic. Reducing vulnerability influences the risks, but does not eliminate them. Policies to reduce vulnerability would not replace risk reduction ones, but should create positive synergies.

http://www.iaen.org/papers/index.htm
"HIV/AIDS and Agriculture: An FAO Perspective"
Prepared for the 11th International Conference on AIDS and STDs in Africa, held in Zambia 12-16 September 1999, this report focuses on the impact of HIV/AIDS on food security and rural development.

http://www.unaids.org/bestpractice/collection/subject/economics/keyimpact.html
A bibliography on agriculture and AIDS

http://www.bath.ac.uk/~hssjgc/monzesum1.html#Kate
"The Impact Of Hiv/Aids On Farming Households In Southern Zambia"
Full article listed below, experienced difficulties downloading.
http://www.bath.ac.uk/~hssjgc/kate.html

OTHER DOCUMENTS

THE ROLE OF LABOR IN HOUSEHOLD FOOD SECURITY - IMPLICATIONS OF AIDS IN AFRICA Author(s): BROWN LR; WEBB P; HADDAD L Corporate Source: IFPRI,1200 17TH ST NW/WASHINGTON//DC/20036 Journal: FOOD POLICY, 1994, V19, N6 (DEC), P568-573 ISSN: 0306-9192 Language: ENGLISH Document Type: ARTICLE Geographic Location: USA Subfile: SocSearch; SciSearch; CC AGRI--Current Contents, Agriculture, Biology & Environmental Sciences; CC SOCS--Current Contents, Social & Behavioral Sciences Journal Subject Category: AGRICULTURAL ECONOMICS & POLICY; FOOD SCIENCE & TECHNOLOGY; NUTRITION & DIETETICS

Abstract: In increasingly diversified and liberalized economies, understanding the potential for, and constraints to, achieving food security through the labour market is as important for food policy design as understanding the food market. In economies severely affected by AIDS , which impacts directly on labour supply, productivity and options, understanding the paths by which the disease may compromise food security at both household and national levels is crucial to making informed decisions about the allocation of scarce public resources.

Maize production, drought and AIDS in Monze District, Zambia Foster S. Health Policy Unit, Dept of Public Health and Policy, London School Hygiene Tropical Med., Keppel Street, London WC1E 7HT United Kingdom HEALTH POLICY PLANN. (United Kingdom) , 1993, 8/3 (247-254) CODEN: HPOPE ISSN: 0268-1080 LANGUAGES: English SUMMARY LANGUAGES: English SUBFILES: 017; 036

The 1992 Southern African drought focused the world's attention on the precarious food security situation of that region. In Monze District, southern Zambia, in addition to the drought there was also a serious epidemic of East Coast fever among the cattle, which resulted in the deaths of a large percentage of the district's herd causing further impoverishment among some of the district's poorer households. At the same time, AIDS and HIV disease are increasingly making an impact on the productivity of the district's population, with as many as one in 6.5 households already having experienced illness or a death due to AIDS . This paper describes the history of maize in Zambia, the impact of the 1992 drought and of the epidemic of East Coast fever, and the likely impact of AIDS on agriculture in the district.

Illness, deaths, and social obligations: peasant food security in the context of AIDS in Malawi. Mtika M Int Conf AIDS (SWITZERLAND) 1998, 12 p472 (abstract no. 24159), Languages: ENGLISH Document Type: ABSTRACT Journal Announcement: 9812 Subfile: INDEX MEDICUS

OBJECTIVES: To examine the effect of illness, deaths, and social obligations, made worse by the worsening AIDS epidemic, on peasant food security in Malawi. METHODS: Weekly interviews of guardians in 123 peasant households assessing how household labor taken up by illness, deaths, and social obligations influences peasant food security . Done interviews during December to February, the peak period in agricultural labor demand and a period during which food shortage is most acute. Documented illness and deaths (both AIDS -related and non-AIDS type) in households, how households took care of the ill, funeral proceedings in the villages, how households dealt with food shortages, and how households assisted each other. Developed case histories on households' experiences with illness, deaths, and social obligations. Computed household food security from households' cash income and maize (staple food) production. RESULTS: The research provides a reminder and evidence that food security , an important economic aim in the peasantry, is embedded in a web of social and cultural obligations characterized by reciprocity and redistribution activities through which resources are shared and household food security is collectively insured. AIDS increases the magnitude of illness, deaths, and social obligations to a threshold at which reciprocity and redistribution activities in the peasantry along with the collective food security insurance among peasants are undermined. Because AIDS compromises reciprocity and redistribution processes in the peasantry, the ability of communities to deal with the epidemic is fractured. It is therefore unrealistic to expect peasant households and communities to contain the consequences of AIDS by themselves. External

intervention is necessary but must aim at regenerating reciprocity and redistribution activities in the peasantry.

Is HIV/ AIDS a threat to livestock production? The example of Rakai, Uganda. Haslwimmer, M. Zensenstrasse 7, D-84508 Burkirchen, Germany. World Animal Review vol. 80/81 (3/4): p.92-97 Publication Year: 1994 ISSN: 1014-6954 Language: English Summary Language: spanish; french Document Type: Journal article

This article highlights the main findings of an FAO-sponsored study of the impact of HIV /AIDS on agricultural production systems in Uganda, Tanzania and Zambia in 1993, with the effects in Rakai district in Uganda as an example. It details the impact on rural households, the decline in livestock which has been accelerated by HIV /AIDS , coping mechanisms, and the impact on pastoralists and on the veterinary extension service. It concludes with recommendations about the elements of adequate HIV /AIDS -impact training programmes.The article shows how HIV /AIDS is a serious threat to household food security and, through the decline in livestock and the large-scale abandonment of the use of cow dung as organic fertilizer because of the lack of cattle and labour, is resulting in seriously declining soil fertility. With the main impact of the burden falling on the labour economy of households the implications are for assistance to be targeted at women, children and in some cases widowers who are raising children. The coping mechanisms of both communities and households could be expanded, with the experiences of those who have adapted being documented and shared, through extension services and direct communication. (The article illustrates the reason why so much attention is being or should be paid to HIV /AIDS compared with other diseases that may exact a higher mortality; AIDS not only is a major cause of ill health and death in infected people but is reducing food security , creating a generation of orphans, undermining the educational needs of children, and increasing poverty. It is in danger of destroying the fabric of society.) D.W. FitzSimons. 7 ref.

AIDS - consequences for food security in developing countries. Original Title: AIDS - Konsequenzen fur die Ernahrungssicherheit in Entwicklungslandern. Bellin, F.; Benterbusch, R.; Dollinger, A. Institut fur Ernahrungswissenschaft, Universitat Giessen, Wilhelmstrasse 20, 35392 Giessen, Germany. Entwicklung + Landlicher Raum vol. 28 (6): p.14-17 Publication Year: 1994 1 fig., 1 map Language: German Summary Language: english Document Type: Journal article

WHO figures show that AIDS cases doubled in the two years to mid-1994 and that they are likely to continue to increase. The article seeks to show the effect this is likely to have on food security in developing countries through its impact on the numbers and health of workers, food production, health care capacity and socioeconomic indicators like education. Possible ways in which negative impacts on the nutritional security of households and families could be minimized are discussed. The problem of mothers with HIV passing the infection to their babies while breast feeding is compared to the even greater risk of disease through contaminated bottle feeding. 28 ref.

Seasonality in tropical AIDS: a geographical analysis.
Smallman-Raynor MR, Cliff AD
Department of Geography, University of Cambridge, UK.
Int J Epidemiol 1992 Jun;21(3):547-56

This paper presents evidence that the growth rate of the AIDS epidemic at the district level in Uganda, Central Africa, displays a seasonally recurring geographical pattern, with epidemic acceleration in some areas of the country in the first 8 months of each year. The spatial and temporal variations in acceleration appear to be correlated with the predominant agricultural systems in different parts of Uganda. Based upon the frequently hypothesized relationship between malnourishment and the progression to clinical AIDS in HIV-infected people, it is suggested that the variations in epidemic speed reflect the seasonal patterns of nutritional deficiency which occur under some tropical agricultural systems. These preliminary findings require further verification since they have important implications for directing nutrition-related remedial responses to the AIDS epidemic in tropical countries where malnutrition and endemic HIV infection coincide.

Title Potential impact of AIDS on population and economic growth rates Author Brown, Lynn R. | Institution International Food Policy Research Inst., Washington, DC | USAID. Ofc. of Agriculture and Food Security, Washington, DC (Sponsor) | Series Food, agriculture and the environment discussion paper, no. 15 Jun 1996 32 p. Other USAID Supported Study USAID Contract No. DAN-4111-G-IN-9053-00 USAID Project No. 936411114 DOCID/Order No. **PN-ABZ-048**

Abstract
AIDS has already become the leading cause of death among people between the ages of 15 and 39 years in at least half-a-dozen sub-Saharan African countries, and the disease is spreading rapidly in other parts of the developing world, particularly South and Southeast Asia. Although AIDS infects the rich and poor alike, the disease is especially devastating to the poor because they lose their only source of livelihood -- their labor -- when they become ill. At the same time, they face rising health care expenses. In rural areas, the disease could affect farmers' choice of crops: for example, as labor shortages become severe, they may switch from labor-intensive tradable crops such as maize to lower-value crops such as cassava, which has repercussions for the country's gross domestic product as well as the nutritional status of its people. This paper examines the current status of HIV/AIDS infection, particularly in sub-Saharan Africa, and reviews existing models that look at the future impact that the disease is likely to have on population growth and food security, especially as it spreads to rural areas. Because exploding population growth is considered by many to be the number one problem facing developing countries in the year 2020, this paper confronts the question of whether population growth kept in check by AIDS mortality might lead to greater availability of food in 2020 than would be possible in a world without AIDS. Includes references. (Author abstract)

Democracy and Governance

Current literature on HIV/AIDS and democracy/governance (DG) focuses primarily on the linkages that may be drawn between the epidemic and issues such as advocacy, human rights, inheritance, gender, and policymaking. As leaders begin to acknowledge the serious problems facing their nations due to HIV/AIDS, civil society is taking the lead in demanding policy responses to deal with these problems. Among the issues addressed in this literature are: protection of people living with AIDS; the compatibility of African legal traditions with effective AIDS-related policies; and the specific concerns of women related to discrimination and inheritance laws.

ONLINE RESOURCES

http://www.unicri.it/Min.San.Bollettino/1998-4e/review.htm
"HIV Infection in the Health Legislation of WHO Member Countries"

http://www.arcc.or.ke/nascop/law.htm
"The Law and HIV/AIDS in Kenya"

http://www.hri.ca/partners/fxbcenter/journal/back/v1n1/article3.htm
Health and Human Rights

http://www.hri.ca/partners/alp/resource/icasa.shtml
"The Aids Epidemic In Africa: 'Openness' And Human Rights"

http://www.unaids.org/publications/documents/human/law/ipuexsue.html
"Handbook for Legislators on HIV/AIDS, Law and Human Rights" Interparliamentary Union. 1999.
The Handbook provides examples of best legislative and regulatory practices gathered from around the world. Best practices are given for each of the twelve guidelines contained in the International Guidelines on HIV/AIDS and Human Rights published in 1998 by the Office of the United Nations High Commissioner for Human Rights and the Joint United Nations Programme on HIV/AIDS (UNAIDS). The Handbook presents concrete measures that legislators can take to protect human rights and promote public health in responding to the epidemic. This publication is available in English and French free of charge from the IPU Secretariat and the Joint United Nations Programme on HIV/AIDS.

http://www.undp.org/hiv/publications/issues/english/issue04e.htm
"People Living With HIV: The Law, Ethics And Discrimination" Issues Paper No. 4 by Julie Hamblin

http://www.undp.org/hiv/publications/issues/english/issue11e.htm

"People Living With HIV: The Law, Ethics And Discrimination" Issues Paper No. 4 by Julie Hamblin

http://www.undp.org/hiv/publications/issues/english/issue08e.htm
"The HIV Epidemic And Human Rights: A Tragic Imperative for Women" Issues Paper No. 8 by Julie Hamblin & Elizabeth Reid

http://www.unaids.org/publications/documents/human/index.html#ethics
"HIV and AIDS-related Stigmatization, Discrimination and Denial: Forms, Contexts and Determinants -- Research Studies from Uganda and India"
Peter Aggleton. UNAIDS and USAID. June 2000. (PN-ACJ-460)
Part of the series "UNAIDS Best Practice Collection: Key Material"

http://www.unaids.org/publications/documents/human/index.html#gender
"Gender and HIV/AIDS: Taking Stock of Research and Programmes"
Daniel Whalen. UNAIDS and USAID. March 1999 (PN-ACJ-474)
Part of the series "UNAIDS Best Practice Collection: Key Material"

http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=PureSearch&db=PubMed&details_term=%28%28"Africa"%5BMeSH%20Terms%5D%20AND%20"Acquired%20Immunodeficiency%20Syndrome"%5BMESH%5D%29%20AND%20%28%28"democracy"%5BMeSH%20Terms%5D%20OR%20"human%20rights"%5BMESH%5D%29%20OR%20"consumer%20participation"%5BMESH%5D%29%29
Pubmed Search: Democracy and Governance.

OTHER DOCUMENTS

"Coping with the Impact of AIDS." Mead Over. *Finance & Development.* March 1998.
The AIDS epidemic is straining the limited resources available to many developing country governments. This article discusses how governments provide support to those affected by AIDS without neglecting others in need or abandoning important development goals. Based on Confronting AIDS: Public Priorities in a Global Epidemic, a 1997 World Bank (through Oxford University Press) publication by the author.

Annas, George J. and Grodin, Michael A. April 1998.
Human Rights and Maternal-Fetal HIV Transmission Prevention Trials in Africa.
American Journal of Public Health. 560-562.
A central issue at stake when developed countries perform research on subjects in developing countries is exploitation. The only way to prevent exploitation of a research population is to insist not only that informed consent be obtained, but also that, should an intervention be beneficial, it will be delivered to the population. The challenge to developed countries is to implement programs to improve the health of persons in developing countries both by improving public health infrastructure and by delivering effective drugs and vaccines.

Seidel, Gill. February 1993.
"The Competing Discourses of HIV/AIDS in Sub-Saharan Africa: Discourses of Rights and Empowerment vs. Discourses of Control and Exclusions."
Soc Sci Medical. West Yorkshire. 175-94.
The competing discourses of HIV/AIDS circulating in sub-Saharan Africa are identified. These are medical, medico-moral, developmental (distinguishing between 'women in development' and gender and development perspectives), legal, ethical, and the rights discourse of groups living with HIV/AIDS and of African pressure groups. The analytical framework is that of discourse analysis as exemplified by Michel Foucault. The medical and medico-moral are identified as dominant. They shape the perceptions of the pandemic, our responses to it, and to those living with HIV/AIDS. However, dissident activist voices are fracturing the dominant frameworks, and are mobilising a struggle for meaning around definitions of gender, rights, and development.

Seidel, Gill and Ntuli, Neli. February 17, 1996.
HIV, confidentiality, gender, and support in rural South Africa.
The Lancet. Bradford, UK. 469.
In South Africa women have been found to face rejection and increased violence from their partners when disclosing HIV status. A qualitative pilot study was carried out in northern Kwazulu-Natal, South Africa in order to uncover these sex issues and policy - related concerns.

Temmerman, Marleen; Ndinya-Achola, Jackoniah; Ambani, Joan; Piot, Peter. (Departments of Medical Microbiology, University of Nairobi, Kenya and Institute of Tropical Medicine, Antwerp Belgium).
"The right not to know HIV test results."
The Lancet. V 345. 969-970.
Large numbers of pregnant women in Africa have been invited to participate in studies on HIV infection. Study protocols adhere to guidelines on voluntary participation after pre-test and post-test counselling and informed consent; nevertheless, women may consent because they have been asked to do so without fully understanding the implications of being tested for HIV. Our studies in Nairobi, Kenya, show that most women tested after giving informed consent did not actively request their results, less than one third informed their partner, and violence against women because of a positive HIV-antibody test was common. It is important to have carefully designed protocols weighing the benefits against the potential harms for women participating in a study. Even after having consented to HIV testing, women should have the right not to be told their result.

Nahlen, B.L; Kuile, MM; Richters, JM; Oloo, A; Phillips-Howard, PA. June 10, 1995.
"No title provided."
The Lancet. Bradford, UK. 1507-1508.
A critique of the previous article.

Magezi, Marble Gillianne. 1991.
"Against a sea of troubles: AIDS control in Uganda."

World Health Forum. 302 - 306.
Traditional and cultural practices in Africa can potentially contribute to a more rapid spread of HIV/AIDS. In cultures where women are under-valued and expected to not question the number of sexual partners of their husbands, while at the same time lack the negotiation power to demand their partners use condoms, women are at great risk. Yet, at the same time they also are potentially a force for confronting the situation, provided they are made aware of their rights and empowered to take decisive action.

Orubuloye, I.O., Caldwell, John C., and Caldwell, Pat. October 1993.
African Women's Control Over Their Sexuality in an Era of Aids: A Study of the Yoruba of Nigeria."
Soc. Sci. Medial. Vol. 37. 859 - 872.
Very limited knowledge is available about African women's control over their sexual relations with husbands or other stable partners in situations where there is a high risk of STDs and HIV/AIDS. Such control must be seen as encompassing women's control over their sexuality and reproduction as well as the broader areas over which they can make decisions. The paper examines research findings in sub-Saharan Africa and then reports on a study carried out by survey and anthropological methodologies among the Yoruba people in Ado-Ekiti, a town in southwestern Nigeria. Because the AIDS epidemic is still at an early stage in Nigeria and because of the relation of STD infection to HIV-transmission, as well as the probability that the behaviour developed for limiting STD transmission will subsequently be employed to limit HIV transmission, the study focused on STDs. Yoruba women have a considerable ability to refuse sexual relations for a limited time, and they are placed at greater risk of STD infection by their ignorance of whether their partner is infected than by a lack of ability to control the situation when STDs have been identified. This ability may be more limited in the case of AIDS because of its longer duration.

Fallot, Evelyne. September 1987.
"AIDS and Democracy."
World Press Review. New York, New York. 51-52.
Deals with regulations and laws related to HIV positive individuals. Outlines ethical and political questions involved with HIV-related legislation and the need to defend democracy in such situations.

Alkas, Peri H; Shandera, Wayne X. December 1996**.**
"HIV and AIDS in Africa: African policies in response to AIDS in relation to various national legal traditions." *Journal of Legal Medicine.* Houston, Texas. 527-546.
Article provides an overview of African legal traditions including customary and traditional law are provided, followed by a description of the diverse legal traditions of comparative law that have been instrumental in producing the interwoven, integrated nature of modern African laws. Specific AIDS policies as determined from surveys of African health departments are discussed emphasizing diverse legal traditions and disparate AIDS policies.

TITLE: ETHICAL, METHODOLOGICAL AND *POLITICAL* ISSUES OF *AIDS* RESEARCH IN CENTRAL AFRICA AUTHOR(S): SCHOEPF BG CORPORATE SOURCE:

13 SPENCER BAIRD RD/WOODS HOLE//MA/02543 JOURNAL: SOCIAL SCIENCE & MEDICINE, 1991, V33, N7, P749-763 LANGUAGE: ENGLISH DOCUMENT TYPE: ARTICLE SUBFILE: SocSearch; CC SOCS--Current Contents, Social & Behavioral Sciences JOURNAL SUBJECT CATEGORY: SOCIAL SCIENCES, BIOMEDICAL DESCRIPTORS--Author Keywords: ETHICS; THEORY; METHODOLOGY; AIDS; *AFRICA* IDENTIFIERS--KeyWords Plus: HUMAN IMMUNODEFICIENCY VIRUS; DEVELOPING-COUNTRIES; INFECTION; PREVENTION; DISEASE; SPREAD; WOMEN; ZAIRE

Mapping the *politics* of *AIDS*: Illustrations from East Africa. AUTHOR: Lanegran, Kim; Hyden, Goran AUTHOR AFFILIATION: U Florida, USA JOURNAL: Population & Environment: A Journal of Interdisciplinary Studies, Vol 14(3) , 245-263, Jan, 1993 ISSN: 0199-0039
DOCUMENT TYPE: Journal Article RECORD TYPE: Abstract LANGUAGE: English POPULATION GROUP: Human
ABSTRACT: (Attempts to demonstrate and analyze the political dimensions of the AIDS pandemic, and to provide a framework for understanding the political aspects of the contemporary situation in East Africa. It is suggested that there are real structural constraints to getting the AIDS issue on the public agenda, but where it touches close to home of the political leadership, or any member thereof, the issue is receiving more political attention (e.g., in Zambia) where AIDS has affected members of President Kaunda's own family and where he has become one of the strongest advocates of prevention of the disease in Africa. ((c) 1999 APA

The Private Domain of Public Health: Power, *Politics* and *AIDS* in the Congo Le Domaine prive de la sante publique: pouvoir, politique et sida au Congo Fassin, Didier U Paris XIII, F-93430 Villetaneuse France Annales 1994, 49, 4, July-Aug, 745-775. CODEN: AESCBP PUB. YEAR: 1994 COUNTRY OF PUBLICATION: France LANGUAGE: French DOCUMENT TYPE: Abstract of Journal Article (aja)
A political anthropological analysis of the impact in Africa of acquired immune deficiency syndrome (AIDS) on politics & the relations between public & private, focusing on the clandestine policy-making environment for AIDS management. Drawing on interviews (N = approximately 30) with public health care professionals & analysis of official documentation & local press coverage of AIDS- prevention topics in the Congo, the culturalist explanation that considers Africa a special case in public health management is rejected. Following a brief history of the epidemic, it is suggested that the delayed intervention in the crisis (5 years after identification of the first cases), the media blackout on AIDS information, & the absence of any explicit agenda or policy statement by Congo's political leaders reflect: (1) the complex political history of a newly democratizing African state without a stable, consolidated leadership; & (2) a fossilized bureaucratic structure in the health care system, where professionals refer newly diagnosed cases to other specialists, rather than directly informing the patient. Open public debate on AIDS may reveal state mismanagement, & therefore become taboo. J. Sadler (Copyright 1995, Sociological Abstracts, Inc., all rights reserved.)

Geographic Inequalities of HIV Infection and *AIDS* in Sub-Saharan Africa Les Inegalites geographiques de l'infection a VIH et du SIDA en Afrique sud-saharienne Amat-Roze, Jeanne-Marie U Paris IV, F-75230 Cedex 05 France Social Science and Medicine 1993, 36, 10, May, 1247-1256. CODEN: SSCMAW PUB. YEAR: 1993 COUNTRY OF PUBLICATION: United Kingdom LANGUAGE: French DOCUMENT TYPE: Abstract of Journal Article (aja) SUBFILE: SOPODA AVAILABILITY: Document delivery from University Microfilms International (UMI)
The geographic transmission of human immunodeficiency virus (HIV) infection in Africa is oriented preferentially according to axes & poles where the virus - because of local environmental

factors - found conditions conducive to dissemination. The dynamic of the acquired immune deficiency syndrome (AIDS) epidemic results from sociological, cultural, & religious behavior factors, & geographical, political, & economic situations. The local combination of causal factors explains the complexity & diversity of the geographic characteristics of the African epidemic. Spatial networks, population movements, & their consequences are analyzed. Geographical data together with seroepidemiologic information suggest hypotheses related to the spatial dynamic of the epidemic & to the processes of regionalization. 5 Figures. Adapted from the source document.

The *Politics* of *AIDS* and Condoms for Stable Heterosexual Relations in Africa: Recent Evidence from the Local Print Media Bledsoe, Caroline Dept Anthropology Northwestern U, Evanston IL 60208 Disasters 1991, 15, 1, Mar, 1-11. CODEN: DISADE PUB. YEAR: 1991 COUNTRY OF PUBLICATION: United Kingdom LANGUAGE: English DOCUMENT TYPE: Abstract of Journal Article (aja)

The impact of the AIDS (acquired immune deficiency syndrome) epidemic on stable heterosexual relations in Africa is examined, based on prior research (eg, see Bledsoe, C., Women and Marriage in Kpelle Society, Stanford, Calif: Stanford U Press, 1980) & on African news literature. Salient cultural themes pertaining to marriage & fertility are identified, & discussed in terms of their influence on people's emerging responses to policy injunctions to use condoms & limit their sexual partners. Policy conclusions for the fate of children whose mothers die from AIDS, threats to female education in the wake of the AIDS epidemic, & the liklihood of condom acceptance, are presented. 19 References. Adapted from the source document.

A decade of the *AIDS* pandemic in Africa: *politics* and policy. Fredland, Richard A. Scandinavian J Development Alternatives 15:5-20 Je 1996, bibl(s) LANGUAGE: e DOC TYPE: p ISSN: 0280-2791 ABSTRACT/NOTES: Assesses responses of African states, donor states, and international organizations to the HIV epidemic; political, cultural, and financial impediments to an adequate response.

Poverty holds up Africa's fight against *AIDS*. (economic and *political* aspects in *AIDS* research and prevention in Africa) Brown, Phyllida New Scientist, v133, n1802, p3(1) Jan 4, 1992 ISSN: 0262-4079 LANGUAGE: English RECORD TYPE: Citation

DESCRIPTORS: Epidemiological research--Economic aspects; HIV (Viruses)-- Economic aspects; Medical scientists--Finance; Medicine, Preventive-- Finance; AIDS (Disease)--Research; *Africa*--Health aspects GEOGRAPHIC CODES: F GEOGRAPHIC NAMES: Africa NAMED PERSONS: Diouf, Abdou--Social policy SPECIAL FEATURES: illustration; photograph FILE SEGMENT: AI File 88

Obtaining multi-sectoral commitments to *aids* prevention through leadership workshops in developing countries Aidscom., Terra incognita Veme conference internationale sur le sida (INC) 1989-06-19 1989-06 10 p. Availability: BDSP/CRIPS-0100!A/0009 Document Type: C (Conference Proceedings) ; M (Monographic) Country of Publication: Terra incognita Language: English

English Descriptors: Developing countries; Burundi; Malawi; Health policy Broad Descriptors: Afrika; *Africa*; Afrique; *Africa*

AIDS, policy and *politics*: East Africa in comparative perspective AUTHOR(S): Hyden, G; Lanegran, K SOURCE: Policy Studies Review 12 (1/2) Spring/Summer 93 p.47-65. refs. PUBLICATION YEAR: 1993 PUBLICATION DATE: SPRING 1993 (19930300) ISSN:

02784416 CODEN: PSRWD5 BLDSC SHELF MARK: 6543.32940 LANGUAGE: English DOCUMENT TYPE: Journal Article RECORD TYPE: Abstract
ABSTRACT: Using the AIDS issue as a case study, throws light on the policy process in Kenya, Tanzania and Uganda with a view to highlighting the challenges of policy analysis in developing country contexts. (Original abstract-amended)

Africa and *AIDS*: dependent development, sexism, and racism.
Hunt, Charles W. Monthly Review, v39, n9, p10(13) Feb, 1988 CODEN: MYRV8 ISSN: 0027-0520 LANGUAGE: English RECORD TYPE: Fulltext WORD COUNT: 3538 LINE COUNT: 00332
TEXT: AFRICA AND AIDS: DEPENDENT DEVELOPMENT, SEXISM, AND RACISM

Human rights and AIDS in South Africa: from right margin to left margin.
AUTHORS: Heywood M; Cornell M
SOURCE: HEALTH AND HUMAN RIGHTS. 1997;2(4):61-82.
SECONDARY SOURCE ID: PIP/141431
ABSTRACT: This article discusses the actions undertaken by the South African government to uphold human rights among HIV infected individuals. 15 years into the AIDS epidemic South Africa has a reasonable record of asserting and defending the civil rights of people living with HIV. Human rights principles are entrenched in the National AIDS Plan. Up until mid-1997, the Minister of Health defended rights to privacy and confidentiality, even when the Director-General of the Department of Health was questioning them. Recently, the government reinforced its commitment to these rights when it prohibited pre-employment HIV testing throughout the public service, including the military. Many people with HIV will need to be forgiven for asking about the lasting value of civil rights when right issues related to risk of infection, treatment, and care are not resolved. Finally, the civil, political, and socioeconomic rights of people with HIV/AIDS and people vulnerable to HIV infection cannot be resolved without a resolution of major causes of inequality that bedevil Africa. South Africa might feel proud of its Bill of Rights, but without an attempt to give solid consideration to socioeconomic rights, including access to health care in the context of AIDS as one of its central aims, the human rights of all people will remain unfulfilled.

Human rights and AIDS.
CORPORATE NAME: South Africa. Department of Health
SOURCE: [Unpublished] 1999 Mar 17. World Wide Web address: http://www.anc.org.za:80/ancdocs/briefing/nw19990318/12.html. [2] p.
SECONDARY SOURCE ID: PIP/143034
ABSTRACT: A day of the Human Rights Focus Week meeting during March 15-21, 1999, in South Africa will be dedicated to raising awareness of the issues affecting HIV-infected people, whose human rights have continued to be violated. The Inter-Ministerial Committee on AIDS (IMC) oversees the implementation of the South African response to the AIDS epidemic. They will be responsible for ensuring that anyone who threatens, discriminates against, or stigmatizes a person living with the AIDS virus shall be brought to book. During the launching of the Partnership Against AIDS last October 9, leaders of different sectors within the sociopolitical and economic sectors in the country pledged to

ensure that the human rights and dignity of people living with HIV/AIDS would be supported in all spheres.

HIV / AIDS and human rights: an interesting challenge.
CORPORATE NAME: South Africa. Government Communication and Information System
SOURCE: [Unpublished] 1999. World Wide Web address: http://www.anc.org.za:80/ancdocs/briefing/nw19990319/33.html. [2] p.
SECONDARY SOURCE ID: PIP/143033
ABSTRACT: The responsibility of the society to respond to the rising epidemic of HIV/AIDS is an interesting challenge. The challenge lies in the need to create a human rights culture which is predicated on a caring ethos and on an environment that is supportive for both HIV-infected people and their care providers. Health workers should examine and revisit their commitment to caring for the ill and the dying so that HIV-infected people receive clear and unadulterated access to quality health care. The existence of an HIV/AIDS environment where human rights are respected ensures that the spread of infection will be limited and that the HIV-infected live a life of dignity, so that the impact of the epidemic will be decreased. Human rights and health care continue to be irrevocably intertwined in relation to the problem of creating a safe and free environment.

A human rights perspective on HIV / AIDS in sub-Saharan Africa.
AUTHORS: Gruskin S; Wakhweya AM
SOURCE: AIDS.. 1997;11 Suppl B:S159-67.
SECONDARY SOURCE ID: PIP/138468
ABSTRACT: Awareness of the close connection between HIV and human rights has led to increasing collaboration between public health officials and human rights workers. People concerned with HIV/AIDS prevention and control in sub-Saharan Africa became interested in human rights because they realized that discrimination against HIV-infected people and people with AIDS compromised the effectiveness of public health prevention efforts. Interest then grew due to increasing recognition that lack of respect for human rights and dignity at the individual and society levels was closely linked to individual and collective vulnerability to HIV/AIDS. The prevention of HIV transmission and quality care for people with HIV/AIDS requires a rectification of the adverse effect of social discrimination against population groups considered to be vulnerable to HIV/AIDS. HIV/AIDS policies and human rights, the gap between HIV/AIDS-related laws and practices and human rights, and strategies for action are discussed. Tables present the status of human rights commitments in sub-Saharan Africa by country and a chronology of selected international and regional documents relevant to the human rights aspects of HIV/AIDS in Africa.

Access to treatment in developing countries: a global issue of equity and human rights.
AUTHORS: Thomas J
SOURCE: AIDS ANALYSIS AFRICA. 1998 Apr;8(2):10-1, 15.
SECONDARY SOURCE ID: PIP/133412

ABSTRACT: People are highly optimistic about the possibility of recent developments in combination antiretroviral therapy for HIV/AIDS to effectively treat people with HIV/AIDS, thereby prolonging their survival and improving the quality of life. Access to advanced retroviral therapy for HIV/AIDS in developing countries, however, is rarely discussed as feasible. Many people even believe that access for all to optimum AIDS care is an utopian ideal not worth pursuing. Imaginative, radical steps together with political will could, however, help to broaden access to advanced therapy for people with HIV/AIDS. A global AIDS-related biomedical technology transfer initiative is needed. Such an initiative should foster a partnership between governments, industry, and international organizations based upon a maximalist perspective of the ethics of access to treatment, global equity considerations, and a global perspective upon individual and community rights. Challenges, a global AIDS trade protocol, and political will are discussed.

UNAIDS issues human rights guidelines.

AUTHORS: Anonymous

SOURCE: AIDS ANALYSIS AFRICA. 1998 Apr;8(2):1.

SECONDARY SOURCE ID: PIP/133413

ABSTRACT: While in western countries it is largely unacceptable to discriminate against and marginalize people with HIV/AIDS, people in some developing countries believe that these individuals should be either isolated from the rest of society or killed. 1.5 years after the Second International Consultation on HIV/AIDS and human rights, UNAIDS has released a detailed document listing its guidelines upon HIV/AIDS and human rights. Suggesting that public health and individual rights complement rather than conflict each other, the document and its guidelines represent an attempt to put to rest the long-running conflict between public health interests and individual rights as they relate to HIV/AIDS. The guidelines were developed, published, and disseminated with the hope that they will help create legal safeguards against the discrimination of people with HIV/AIDS and also empower women. The edited guidelines noting 18 human rights are presented.

Adolescent reproductive health rights in sub-Saharan Africa.

AUTHORS: Ngwana A; Akwi-Ogojo A

SOURCE: Washington, D.C., Centre for Development and Population Activities [CEDPA], 1996 Dec. iv, 48 p.

SECONDARY SOURCE ID: PIP/126356

ABSTRACT: This paper proposes that countries in sub-Saharan Africa revise their laws and attitudes towards adolescent reproductive health rights and provide adolescents with access to reproductive health services in recognition of international human rights instruments and the reality that widespread, unprotected sexual activity is jeopardizing adolescent health and prospects for regional development. The first chapter presents an overview of adolescent sexual activity through a consideration of 1) the extent of adolescent sexual activity and contraceptive usage; 2) the health, socioeconomic, and demographic consequences of adolescent sexual activity; 3) changing social environments; and 4) restrictive, protective, and punitive legal barriers to addressing the issue. Chapter 2 outlines the international and national guarantees of adolescent

reproductive rights that imply an obligation for governments to provide reproductive health care to adolescents. The third chapter describes the practical barriers to change posed by cultural, religious, and political attitudes and by a lack of governmental and societal resources. The concluding chapter notes that it is more cost effective for governments to promote adolescent reproductive health than to fail to acknowledge the problems attendant upon unprotected adolescent sexual activities. While pointing out that governments and society must work together to address this problem, it is recommended that governments endorse adolescent health policies and legislation, promote HIV/AIDS and sexually transmitted disease prevention, guarantee adolescent reproductive health rights, recognize that adolescence is a distinct phase of life, explore funding mechanisms, and conduct research into adolescents' own knowledge about their sex behavior. Societies should change attitudes towards adolescent sexuality, focus education on males, educate adults, provide family life education in schools, and provide special programs for out-of-school youth and the poor.

Protecting the rights of people with HIV. Tanzania.

AUTHORS: Temba P

SOURCE: AIDS ANALYSIS AFRICA. 1997 Apr;7(2):15.

SECONDARY SOURCE ID: PIP/122536

ABSTRACT: In Tanzania, preliminary efforts are underway to protect the human rights of people with HIV/AIDS. Tanzania, which has been criticized for failing to recognize human rights abuses against people with HIV/AIDS, is the 15th country in sub-Saharan Africa to establish a regional network of physicians, lawyers, and nongovernmental organizations seeking to protect the rights of people with HIV/AIDS and those vulnerable to the infection with appropriate legislation and policies. Discrimination, which hastens spread of the disease by forcing it underground, is found even among medical personnel who disclose patient information without consent or refuse to treat patients with HIV/AIDS. Certain laws also compromise the rights of infected people by requiring physicians to tender medical reports before the courts, permitting employers to force employees to undergo HIV testing, or requiring rape victims to provide an excessive burden of proof. Participants at a recent workshop recommended a review of national AIDS policy and changes in the law. A computer database will be used to track HIV/AIDS-related human rights abuses in Tanzania.

Policy overview: HIV prevention and women's rights: their promotion goes hand in hand

AUTHORS: Kiragu J

SOURCE: AIDSCAPTIONS. VERSION FRANCAISE. 1996;:8-14.

SECONDARY SOURCE ID: PIP/118343

ABSTRACT: Women in many developing countries are in need of basic juridical reforms if they are to protect themselves from AIDS. Women deprived of basic rights to control their own bodies, choose their own partners, own property, or inherit are highly vulnerable to HIV infection. The risk has increased significantly for African women, even in groups once considered at low risk. Infection rates in many parts of Africa are already higher for women than for men, not because of increased levels of risk behavior among women but because of their social and cultural inequality and economic

dependence on men. Through juridical reforms, women must be given the power to profit from economic opportunities, to decide for themselves when and with whom to have sexual relations, and to refuse cultural practices that put them in danger. Domestic violence is ingrained in many African countries, including Kenya, where wife beating is considered a right by men and a purely domestic matter by the legal system. Domestic violence is one of the greatest barriers to ending the subordination of women. Women in fear of violence are unable to refuse sex or negotiate for safer sexual practices. There has been little legislative progress in recognizing the right of married women to refuse sex, increasing their vulnerability to HIV if their husbands are unfaithful. The custom of levirate, in which widows are inherited by their late husband's brother or other kin, may increase risk if the widow is obliged to have sexual relations. Custom and law discourage property ownership by women, and many women deprived of their house and goods after their husband's death from AIDS have been forced into prostitution to support themselves and their children. Campaigns underway to end the deeply rooted practice of female genital mutilation in Kenya and elsewhere must change public opinion as well as the law, so that the practice does not simply become hidden.

HIV prevention and women's rights: working for one means working for both.
AUTHORS: Kiragu J
SOURCE: AIDSCAPTIONS. 1995 Nov;2(3):40-6.
SECONDARY SOURCE ID: PIP/119003
ABSTRACT: In Kenya, as in many other developing countries, women who lack the rights to control their own bodies, choose their own partners, or own and inherit property are vulnerable to human immunodeficiency virus (HIV) infection. The International Federation of Women Lawyers (FIDA-K) and other women's organizations in Kenya are pushing for legal reforms to reduce women's dependence on men. FIDA-K has worked with law enforcement agencies to protect women who report domestic violence and lobbied policymakers to make domestic violence and marital rape offenses punishable by law. Pressure to end the cultural practice of wife inheritance is growing in regions of Kenya where HIV prevalence is especially high. Also under scrutiny are laws that return a man's property to his own family when he dies, forcing many women widowed by acquired immunodeficiency syndrome (AIDS) to turn to commercial sex work to support themselves and their children. In addition, FIDA-K is working to educate law enforcement agencies to understand female genital mutilation as a prosecutable offense. The Platform for Action adopted at the United Nations Fourth World Conference on Women calls for all governments to review and amend laws and enact legislation against sociocultural practices that contribute to women's susceptibility to HIV infection.

Women's sexual and reproductive rights and HIV / AIDS.
AUTHORS: Rees H; McIntyre J
SOURCE: AIDS BULLETIN. 1995 Dec;4(2):8-9.
SECONDARY SOURCE ID: PIP/114973
ABSTRACT: A controversy exists in South Africa on whether to include or not include a reproductive rights clause in the new Constitution and Bill of Rights. Regardless of the outcome, the issue of reproductive rights and clinical practice challenges both clients and health service providers. HIV serosurveillance of pregnant women was implemented in

1990. It has been indicated that prenatal patients have been tested without their consent or access to post-test counseling. This situation has resulted in discrimination against and inappropriate treatment of prenatal patients diagnosed with HIV infection. The inappropriate treatment stems from fear, lack of knowledge, or lack of resources. Most HIV-positive pregnant women do not opt for induced abortion. The chance of HIV being transmitted to the baby is 30%. Breast feeding increases the risk by 14%. Administration of AZT to the pregnant woman during pregnancy and labor and to the newborn for six weeks reduces the HIV vertical transmission rate to 8.3%. Low vitamin A levels have been associated with an increased risk of vertical transmission of HIV. Elective cesarean section may reduce transmission by 50%. Vaginal disinfection may also do so. HIV-positive mothers in developed countries are advised to bottle feed, while those in developing countries are advised to breast feed. Could promotion of wet nursing satisfy infant needs as a culturally acceptable option in both rural and urban societies? Studies suggest that HIV-seropositive women suffer a higher rate of infertility than noninfected women. South Africa needs to struggle with the issue whether or not excluding HIV-positive women from infertility treatment abuses their constitutional rights. Should the decision revolve instead around the infertile woman's CD4 count or clinical stage of the disease? Should HIV-positive fertile women be discouraged from having children and encouraged to be sterilized? Contraception issues in HIV-positive women must also be discussed. For example, an increased risk of infection contraindicates the IUD among HIV-positive women, so should it be avoided in these women? Should IUD insertion be preceded by an HIV test?

The rights of people with HIV / AIDS to employment, benefits and social security.

AUTHORS: Heywood M

SOURCE: AIDS BULLETIN. 1995 Dec;4(2):10-1.
SECONDARY SOURCE ID: PIP/114972

ABSTRACT: In South Africa, the business sector and the South African National Defence Force try to explain their discrimination against persons with HIV/AIDS in terms of their special circumstances, which require them to protect themselves from HIV/AIDS. Yet business can benefit from non-discrimination policies. Major employers, including the Chamber of Mines, contributed to the drafting of the most comprehensive statement on the rights of people with HIV--the National AIDS Plan. This plan is also the policy of the government. Yet this commitment to non-discrimination is shaky. The mining industry is considering implementing a pre-employment HIV testing program. The policy of excluding HIV-positive persons from employment is bad for business. There are large direct and indirect costs in determining HIV seropositivity of employees. Implementation of the policy would exacerbate existing social problems, resulting in a reduction in foreign and domestic investment. The business sector challenges the notion that HIV-positive employees should have the same rights and entitlements as other employees. Businesses sometimes exclude HIV-positive employees from their employee benefits or medical plans. More and more health care professionals feel that medical aid plans should include people with HIV. The cost per person on a managed health care program should be shared among employers, the government, and the individual employee. The cost is better than the much greater costs that will occur as a result of reduced productivity, high employee turn-over, industrial relations in turmoil, and the

burden to the government of tens of thousands of unemployed people with HIV who are healthy enough to still contribute. Workplace HIV/AIDS prevention programs can prevent more than 50% of all new HIV infections, according to the World Health Organization.

HIV infection, migrancy and human rights in the Southern African region: consequences for intervention.

AUTHORS: Ijsselmuiden C

SOURCE: In: Actes du Symposium "SIDA et Migrations", sous la direction de Fadel Kane et Mireille Trudelle, avec la collaboration de France Galarneau, dans le cadre de la VIIIe Conference internationale sur le SIDA en Afrique, Marrakech, 1993. Quebec, Canada, Universite Laval, Centre de Cooperation Internationale en Sante et Developpement, 1994. :43-54.

SECONDARY SOURCE ID: PIP/112327

ABSTRACT: Five claims and one question aim to substantiate that in approaching the HIV epidemic in Africa and elsewhere from a human rights perspective, new avenues for prevention must be opened. No single theory can adequately explain the spread of HIV/AIDS in Africa, but theories that include migrancy are probably the most coherent. Three different forms of migrancy can be defined: 1) migrant labor mostly from rural areas revolving mainly around economic motivations; 2) commuting, short-term dislocation between residence and work; and 3) refugee migration indicating usually long-term geographical migration away from armed conflict or famine or both. Biological theories that are used to explain the HIV epidemic in Africa include 1) the sociobiological model (attempting to explain the difference between homosexual and heterosexual transmission by biological differences between races) and 2) the HIV natural history model based on the belief that HIV has been on the African continent much longer than anywhere else. Social theories used for explanation include 1) the truck-transport theory postulating that prostitutes along routes spread the virus in Africa, 2) the military recruitment theory based on the ethnic recruitment patterns in Uganda after 1979, 3) cultural theories citing different cultural patterns, and 4) migrant labor theories citing the extent of migrant labor. In terms of migrancy populations share a relative or absolute lack of autonomy. Most migrancy is not initiated out of free choice, but is forced on persons by circumstances, especially in the case of women in Africa. Probably the reinforcement of dependency forced upon migrant persons is the most significant influence on migrancy in reducing the effectiveness of HIV prevention and increasing the spread of HIV. For successful HIV prevention health services have to be available for migrant populations in terms of time, place, language, and attitudes.

Human rights as critical as condoms against HIV.

AUTHORS: Cotton P

SOURCE: JAMA. 1994 Sep 14;272(10):758.

SECONDARY SOURCE ID: PIP/102240

ABSTRACT: Condoms, clinics, educational brochures, and blood supply protection programs are extremely important elements of overall efforts to halt the spread of HIV around the world. These public health efforts do not, however, address the societal dimension of vulnerability to HIV and will simply not suffice. According to the World

Health Organization, the total number of HIV infections worldwide increased from 14 million to 17 million in the past year and the global AIDS strategy developed ten years ago is not working, especially in the developing world where HIV is spreading most rapidly. Attacking poverty and discrimination, for example, may be the best way to prevent Asia from surpassing Africa in the extent of its HIV epidemic; 10 million Asians will be infected in five years if current trends continue, and widespread multidrug-resistant tuberculosis can be expected in the region. Clear evidence exists of a relationship between the failure to respect the rights of people, discrimination, marginalization, and stigmatization of different groups, and their increased vulnerability to HIV. For example, the poor and uneducated are least likely to learn about and be able to take advantage of preventive measures, while women who have long been perceived as less than equal to men often engage in unprotected sexual intercourse for a variety of cultural and socioeconomic reasons. Such inequality and discrimination along with racism and homophobia must be fought if HIV and AIDS are to be brought under control. Although the ability of AZT to reduce the rate of maternal-fetal HIV transmission by 66% was announced at the Yokohama conference on AIDS, the drug's high cost precludes its use in those countries where mother-to-child transmission is most common.

Legal rights, human rights and AIDS: the first decade. Report from South Africa 2.

AUTHORS: Cameron E

SOURCE: AIDS ANALYSIS AFRICA. 1993 Nov-Dec;3(6):3-4.

SECONDARY SOURCE ID: PIP/094520

ABSTRACT: A broad range of coercive measures has been considered internationally and applied in some countries in the interest of controlling the spread of HIV. Although a couple such measures are on the books in South Africa, they have never been invoked and will soon be officially repealed. There is, however, a problem in South Africa with the violation by health care workers, employers, and others of individuals' rights to dignity, privacy, and autonomy. The exaggerated and undue fear that doctors and other health workers have of being infected by patients with HIV has led to widespread and gross human rights abuses in clinical management and treatment. Abuses include the refusal of treatment, testing patients for HIV without their informed or any consent, insisting upon HIV testing devoid of diagnostic or therapeutic justification, and widespread breaches of confidentiality. Persons with AIDS and HIV are also denied access to their fair share of national resources. This latter phenomenon is likely to become the principal form of human rights abuse, with racism and class differences exacerbating the problem. The practice is proliferating and takes many forms including pre-employment HIV testing; exclusionary discrimination in insurance; discrimination between HIV and other life-threatening conditions in corporate medical, pension, and provident funds; and the discriminatory denial of fair and adequate health care to people with HIV or AIDS. Discrimination of all kinds, however, retards preventive efforts. Public health therefore demands the recognition and enforcement of individual human rights and that structures of discrimination be eliminated. Human rights protection may, by limiting the effect of discrimination, play a significant part in fighting the epidemic. Protective measures could include enacting legislation to prohibit pre-employment testing, legislation to regulate the provision of insurance and to prohibit or regulate pre-insurance HIV testing and the wholesale refusal of AIDS-related coverage, and more

broadly drafted legislation to prohibit public enterprises from discriminating against persons on the basis of HIV or AIDS and to enshrine the principle of nondiscrimination.

AIDS, public health, and human rights in Cuba.
AUTHORS: Scheper-Hughes N
SOURCE: LANCET.. 1993 Oct 16;342(8877):965-7.
SECONDARY SOURCE ID: PIP/090582
ABSTRACT: Only Cuba has met the problem of AIDS with a traditional public health approach, which includes routine testing, contact tracing, partner notification, close medical surveillance, and partial isolation of infected individuals. The social behavior of Cubans (an absence of iv drug use, hostility toward homosexuals, and sexual puritanism) as well as access to abortion have contributed to the low incidence of the disease. Puerto Rico, with one-third the population of Cuba, has more than 8000 cases of AIDS, whereas Cuba has 927 cases of HIV seropositivity (as of May 31, 1993) and 187 cases of AIDS. Cuba acted promptly and decisively to control the epidemic, banning the importation of blood products in 1983 and administering the first of 12 million HIV tests in 1985. Whereas health screening is a familiar activity for Cubans, the isolation of HIV seropositive individuals in the Santiago fe las Vegas sanatorium was new. What began as a military-style hospital for HIV-infected soldiers returning from Africa was quickly transformed into a community which grants "leaves" to trustworthy residents who have completed a 6-month probationary period. Residents receive their old salaries whether or not they are working and are offered a choice of treatment regimens. As of July 1993, trustworthy residents can return home to live. If Cuba could have contained AIDS through a public educational campaign (and it has the infrastructure to have done so), then the human rights of the confined individuals were violated beyond restitution. International criticism of Cuba centers on this and largely ignores the equally troubling fact that abortions are universally recommended in HIV-positive women. In the parts of the world where AIDS has been regarded as primarily a human rights challenge instead of a public health crisis and preventive actions were dictated by a fear of further stigmatizing certain groups, personal freedoms have been protected, but many lives have been lost.

Sexworkers, Health and Human Rights in Africa, Yaounde, Cameroun, December 7-9th, 1992. Final report.
CORPORATE NAME: Sexworkers, Health and Human Rights in Africa / Professionnelles du Sexe, Sante et Droits de la Personne en Afrique (1992: Yaounde)
SOURCE: Dakar, Senegal, Environnement et Developpement du Tiers-Monde [ENDA], [1993]. 14, [1]
SECONDARY SOURCE ID: PIP/084403
ABSTRACT: This document comprises the final report of a conference held on December 7-9, 1992, on prostitution and health promotion an AIDS prevention in Africa. Accounts are given for the plenary session, working groups based on the previous day's discussion and the conference conclusions. Participants included sex workers and representatives of organizations working with sex workers or in AIDS prevention. The following countries were represented: Cameroon, Kenya, Morocco, the Netherlands, Senegal, Tunisia, Zaire, and Zambia. Participants desired greater involvement in national,

regional, and African meetings on the issue of sex work and personal security. The goals would be to increase knowledge about the issue in the African context and to assist sex workers in improving their ability to speak for themselves and to exchange experiences among themselves and with others. 4 basic areas were highlighted: 1) insecurity, poverty, and marginalization (prostitutes do not choose their lifestyle); 2) the self-perception of social stigma of prostitutes; 3) sex work, AIDS, and health security; and 4) economic alternatives for sex workers and participation of women in development. It was recognized that the problems of sex workers were not confined to AIDS or HIV infection. In Sub-Saharan Africa, 1 out of 40 women is infected with HIV. In Cameroon, 45% of Douala sex workers and 25% of Younde sex workers are infected with HIV. AIDS prevention program planning has not included sex workers in the development process, and as a consequence, the reality of the problems faced by sex workers is ignored. The problem of availability of condoms for sex workers desiring them in Zaire was noted. In the rehabilitation of sex workers, realistic alternatives need to be identified. Each country must function within its own context, and laws and social customs; a country-specific study of sex workers is needed. The Zambia integrated program for prostitutes was described. The issue of screening for HIV was an issue in the debate; Senegal's registration program was detailed. The problems of prostitutes were discussed at length. The sex workers group requested support as persons, and relation of judgmental beliefs, in order to achieve individual and collective autonomy. The rights of sex workers must be secured by condom availability, and by support from others (clients, bar and hotel owners, regular and steady men or companions and authorities.)

Patients' rights in a Third World southern African country, with special reference to Bophuthatswana: is there any potential for privatisation?

AUTHORS: Nathan C

SOURCE: MEDICINE AND LAW.. 1989;7(6):585-93.
SECONDARY SOURCE ID: PIP/070449

ABSTRACT: The unique characteristics of patients' rights with respect to their doctor, the state, larger society and the world are discussed for the Republic of Bophuthatswana, a TBVC of South Africa. In this culture, the doctor has the added duty to keep both the patient and the family head informed, and to secure consent from both as well as the tribal doctor, all made more difficult because there are not Western-trained native doctors. These relationships are made more complex by AIDS, when the medical doctor has to decide whether to impose his ethical and scientific concepts on the patient, his family, and his tribe. The patients' relationship to society in Bophuthatswana is problematic because the population growth rate of 2.9% does not even permit implementation of primary preventive health care. The goal is to increase the doctor-patient ration to 1:10,000. Regarding AIDS, the author believes that legislation should be passed to restrict the freedom of HIV carriers to be sexually active, since patients have rights as a society. It is also argued that former colonial and other Western states should be obligated to aid newly independent third world nations, since they left without establishing a viable medical system. Policies and legal forms for instituting medical care insurance and privatization of hospitals and clinics in the TBVC states of South Africa are suggested. The only way to finance this new system is to fully integrate the Third World sector into the First World sector.

Economic Growth

HIV/AIDS has had a significant impact on the economies of affected countries. The World Bank, UNAIDS and the ILO, among others, have worked extensively on this topic, while NGOs, USAID and other donors attempt to implement programs to mitigate the economic impact of HIV/AIDS. From the socio-economic aspects of worker productivity to the stricter economic factors of investment, consumption, and income distribution, the epidemic is changing how households and businesses are managed. Meanwhile, governments are beginning to think about national frameworks to deal with the impact of HIV/AIDS on economic growth. The following resources cover a wide range of issues related to the impact of HIV/AIDS on the economic growth of developing countries.

ONLINE RESOURCES

http://www.iaen.org
International AIDS Economics Network, offers publications on the economic impact of AIDS.

http://www.iaen.org/papers/index.htm
IAEN's excellent selection of papers on the Economics of AIDS.

http://www.usaid.gov/regions/afr/hhraa/aids_briefs/intro.htm
From the Health and Human Resources Analysis for Africa (HHRAA) Project of the USAID Africa Bureau, these AIDS Briefs attempt to address the question of integrating HIV/AIDS into development planning -- nationally, regionally and institutionally. The AIDS Briefs are an attempt to provide administrators and managers with a set of checklists for integrating HIV/AIDS into the planning processes. Sections on Manufacturing, Mining and Tourism are included.

http://www.worldbank.org/aids-econ/toolkit/
"Considering HIV/AIDS in Development Assistance: A Toolkit"
A World Bank web site, this toolkit has been prepared to assist staff of the Commission of the European Communities and Consultants in considering the implications of the HIV epidemic in the provision of development assistance. Site includes a *Sectoral Checklist* addressing issues specific to Infrastructure, Transport and Rural Development, among other areas.

http://www.undp.org/hiv/publications/issues/english/issue34e.htm
"Responding to the Socio-Economic Impact of the HIV Epidemic in Sub-Saharan Africa: Why a Systems Approach is Needed" by Desmond Cohen

http://www.undp.org/hiv/publications/issues/english/issue31e.htm
"Socio-Economic Causes And Consequences Of The HIV Epidemic In Southern Africa: A Case Study Of Namibia" Issues Paper No. 31 by Desmond Cohen

http://www.undp.org/hiv/publications/issues/english/issue27e.html
"Poverty And Hiv/Aids In Sub-Saharan Africa" Issues Paper No. 27 Desmond Cohen

http://www.undp.org/hiv/publications/issues/english/issue02e.htm
"The Economic Impact of the HIV Epidemic" Issues Paper No. 2 by Desmond Cohen

http://www.undp.org/hiv/publications/study/english/sp2e.htm

"The Socio-Economic Impact Of HIV and AIDS On Rural Families In Uganda: An Emphasis On Youth" Study Paper No. 2 by Daphne Topouzis with Guenter Hemrich

http://www.democracy-africa.org/hivaids.htm
"Social and Economic Impact of HIV/AIDS in Africa"

http://www.aidsnet.ch/e/infothek_edition_2_00_020.htm
"The Economic Impact of HIV and AIDS in Southern Africa"

http://www.ilo.org/public/english/protection/trav/aids/pdf/aidse.pdf
"HIV/AIDS: A Threat to Decent Work, Productivity and Development"
International Labour Office. June 2000.
This recently released report was created by the ILO for discussion at the Special High-Level Meeting on HIV/AIDS and the World of Work. This study considers the ways in which HIV/AIDS has affected the global working world. The 54-page report is divided into three main sections. The first details the overarching issues of the epidemic, briefly touching on regional features, risk and vulnerability, and human rights implications. The second part considers the economic and social impact of HIV/AIDS, with emphasis on the work force, employees, and organizations. Finally the third major section examines the response to the epidemic by governments, international organizations, and employers. The report also contains a chapter on the ILO's response to HIV/AIDS.

http://www.unaids.org/publications/documents/economics/index.html#agriculture
"Review of Household and Community Responses to the HIV/AIDS Epidemic in the Rural Areas of sub-Saharan Africa"
Gladys Mutangadura, Duduzile Mukurazita, Helen Jackson, Helen. UNAIDS and USAID. June 1999 (PN-ACJ-486)
Part of the series "UNAIDS Best Practice Collection: Key Material"

http://www.ilo.org/public/english/protection/trav/aids/
"Action Against HIV/AIDS in Africa: an Initiative in the Context of the World of Work"
International Labour Office. 2000
A publication based on the proceedings of the Regional Tripartite Workshop organized by the International Labour Office in collaboration with UNAIDS in Windhoek, Namibia in October 1999.

http://www.usaid.gov/regions/afr/abic/sddindex.htm.
"The Institutional Impact of HIV/AIDS in Africa"
Malcolm McPherson. *SD Developments*. Summer 2000.
Written for the Equity and Growth through Economic Research (EAGER) project of USAID's Africa Bureau.

http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=PureSearch&db=PubMed&details_term=%28%28"Acquired%20Immunodeficiency%20Syndrome/economics"%5BMESH%5D%20AND%20"Africa"%5BMeSH%20Terms%5D%29%20AND%20notpubref%5Bsb%5D%29
Pubmed Search: This is a actively growing bookmark of Pubmed articles on the economics of AIDS in Africa, fairly broad but still useful.

OTHER DOCUMENTS

Workplace Interventions in Response to HIV/AIDS
Deborah A. Hoover. Harvard Institute for International Development. May 2000.

This literature review on workplace interventions in response to HIV/AIDS seeks to highlight the range of experience that is emerging in sub-Saharan Africa, with emphasis on southern Africa. The paper also proposes a set of criteria for developing workplace interventions, in order to provide readers with a comprehensive analysis of the existing data and guidance concerning their value in mitigating the effects of the epidemic.

The Consequences of Adult Ill-Health
Chapter 4 in "The Health of Adults in the Developing World." Editors Richard G.A. Feachem et al. Oxford University Press. 1992.
This chapter presents evidence that the consequences of adult ill-health are substantial. The authors explore the impact of adult ill-health on the well-being of other household members, on medical costs, and on non-medical consumption, investment, production, earnings, and income distribution. The chapter also addresses coping mechanisms used by households and communities to mitigate or insure against the consequences of adult ill-health.

Private Sector AIDS Policy -- Businesses Managing HIV/AIDS: A Guide For Managers
Matthew Roberts et al. USAID Africa Bureau. 1996. (PN-ACA-378)
This manual describes a step-by-step approach to help senior business managers plan and implement HIV/AIDS prevention programs and policies in the workplace. Module 1 discusses why HIV/AIDS is a business issue, describes the components of a workplace HIV/AIDS prevention program, and presents basic information on HIV/AIDS. Module 2 discusses the advantages of a team approach in establishing HIV/AIDS policies and prevention programs and how to build a team. Module 3 discusses the potential costs of HIV/AIDS to a business and the corresponding costs of maintaining a prevention program. Module 4 clarifies different kinds of HIV/AIDS policies and how policies reflect company practices. Module 5 describes the steps necessary to create and implement comprehensive HIV/AIDS prevention and education activities. Module 6 presents appendices that provide examples of existing company policies and other supplemental materials that can be used in designing programs. A companion Guide, African Workplace Profiles (XN-ACA-378-B), provides 17 case studies of business responses to the disease. Also available is a facilitator's guide to conducting business manager presentations (XN-ACA-378-A), and a user's guide to policy needs assessment (XN-ACA-378-C).

Microfinance and HIV/AIDS
Joan Parker, Development Alternatives, Inc. *USAID Microenterprise Best Practices (MBP) Project.* May 2000. (PN-ACJ-712)
This Discussion Paper is written for microfinance practitioners worldwide. Its purpose is to heighten awareness of the impact of HIV/AIDS on microfinance institutions and the communities they serve. The paper does not propose recommendations on how MFIs can directly fight HIV/AIDS. It does, however, point out a range of options open to MFIs that decide to play a proactive role in HIV/AIDS-affected communities.

At My Age I Should be Sitting Under that Tree: the Impact of AIDS on Tanzanian Lakeshore Communities
Judith Appleton. *Gender and Development* (8:2) July 2000.
This article draws on research to give an outsider's analysis of the ways in which AIDS is changing livelihoods in poor fishing and farming communities. The article ends by suggesting ways in which development policy makers and practitioners should support livelihoods in the era of AIDS.

The Macroeconomic Impact of AIDS in Sub-Saharan Africa
Mead Over. AFTPN Technical Working Paper 3. World Bank. 1992.

The Impact of the AIDS Epidemic on African Firms

Tyler Biggs and Manju Kedia Shah. World Bank. 1996.

Impact of HIV Infection on Zambian Businesses
R. Baggaley, P. Godfrey-Faussett, R. Msiska, D. Chilangwa, E. Chitu, J. Porter, and M. Kelly. *British Medical Journal* 309 (6968). 1994.

The Impact of AIDS - Economic and Social Implications for Developing Countries Klee, E. B.; Rehle, T.; Korte, R. Regional food security and rural infrastructure SCHRIFTEN- ZENTRUM FUR REGIONALE ENTWICKLUNGSFORSCHUNG DER JUSTUS LIEBIG UNIVERSITAT GIESSEN, 1993; NO 51, P: 121-134 LIT Verlag, 1993 ISSN: 0170-1614 ISBN: 3894737506 LANGUAGE: English DOCUMENT TYPE: Conference Papers CONFERENCE:
Regional food security and rural infrastructure-International symposium EDITOR(S): Thimm, H.-U. SPONSOR: Giessen University Centre for Regional Development Research LOCATION: Giessen, Germany DATE: May 1993 (199305) (199305) BRITISH LIBRARY ITEM LOCATION: 8097.560000

Caring & coping strategies of families living with TB & AIDS in east Hararghe & Harar, Ethiopia.
Bailey M; Tolossa A; Tena N; Degneh B; Fisseha; Minda T; Tamre A Save The Children Fund, London, United Kingdom. Int Conf AIDS (SWITZERLAND) 1998, 12 p482 (abstract no. 24212), Languages: ENGLISH Document Type: ABSTRACT Journal Announcement: 9812 Subfile: INDEX MEDICUS
BACKGROUND: Communities in Ethiopia need to be informed of the impact of AIDS on children and facilitated to identify priorities for action. METHOD: Case studies of household size, income and expenditure, occupations of breadwinners, education, accommodation, food security , facilities, possessions and endowments for between twelve and thirty families living with tuberculosis in each of three representative communities. Control case studies were conducted on two families matched for size, occupation of principal breadwinner and locality for each case study family. A structured interview with open-ended questions on impact of illness was administered to the household head or principal carer. Stakeholder workshops were held so that the results of the research could be discussed with the communities involved. The aim of the workshops was to find ways to work together to reduce the impact of AIDS on children. CONCLUSIONS: The impact of long term debilitating illness such as TB and AIDS on the household environment of children is to make the poor immediately and irreversibly poorer. Households sell possessions, reduce the quantity and quality of food and, outside Harar, remove many of their children from schooling. When parents die the children are left without adequate resources or assets.

AIDS in Kenya: socioeconomic impact and policy implications.
AUTHORS: Forsythe S; Rau B; Alrutz N; Gold E; Hayman J; Lux L SOURCE: Arlington, Virginia, Family Health International [FHI], AIDS Control and Prevention Project [AIDSCAP], 1996. xvi, 189 p. SECONDARY SOURCE ID: PIP/118289
ABSTRACT: This book brings together various completed works and new areas of analysis to develop a more complete depiction of the socioeconomic aspects of HIV/AIDS in Kenya. Each chapter provides policy-oriented recommendations and points out where further thought, discussion, and work are necessary to check HIV/AIDS. HIV/AIDS burdens the health care systems, other social services, employment and wage opportunities, and legal statutes. Kenyans at all levels of society in both rural and urban areas consider HIV/AIDS a serious threat. Communities concerned about the role sociocultural traditional practices (e.g., wife inheritance) play in HIV transmission are publicly debating these practices. Many Kenyans disagree with key approaches to HIV prevention, and their views receive wide media and public attention. Society tends to discriminate against persons with HIV/AIDS or those at risk of HIV/AIDS, which response divides families and communities. The religious community has been involved in the fight to prevent a family life/sex education curriculum into schools, but it offers no substantive alternatives. Even though the major mode of transmission in Kenya is sexual, there is a reluctance to discuss sexual behavior. HIV/AIDS threatens to undermine decades of hard-won improvements in health and social conditions. Competition exists among program specialists and political

leaders for limited resources for health or development problems at the expense of HIV/AIDS. Yet, Kenya is one of few countries which has incorporated AIDS prevention to a considerable degree in its national planning. The book's chapters include an introduction to the HIV/AIDS epidemic in Kenya, epidemiological aspects of HIV/AIDS, HIV/AIDS within the family (women's responses and needs), AIDS orphans, the direct and indirect costs of HIV/AIDS, business responses to HIV/AIDS in the formal sector workplace, the macroeconomic impact of HIV/AIDS, Christianity and AIDS, the law and HIV/AIDS, and a conclusion.

Socio-economic impact of AIDS in sub-Sahara Africa.
AUTHORS: Waiyaki PG
SOURCE: MEDICAL INSIGHTS. 1999 Jan-Feb;:6-11.
SECONDARY SOURCE ID: PIP/144915
ABSTRACT: Sub-Saharan Africa is a place where serious economic difficulties abide. Foreign debts are high, gross domestic product (GDP) is low, and the people live in absolute poverty. With this kind of economic condition, the rapid increase of HIV/AIDS epidemic in the region will have critical consequences to the socioeconomic status. The impact of the epidemic will be manifested on the increase of the number of orphans, by the year 2000, it is estimated that there may be as many as 10 million orphans in sub-Saharan Africa. Population projections indicate that in Kenya, total population will be 2.9 million less for the number expected in the year 2005. An increase in health care burdens is also seen; hospital costs for AIDS care could rise to millions of US dollars and hospital facilities will be in demand. Other implications are loss of labor, as well as loss of foreign exchange. All these will contribute to the widespread social disruption and disintegration and since GDP is low, total direct and indirect costs are clearly unaffordable by any countries in Africa. Prevention of transmission remains as the best strategy to avert this kind of catastrophe.

The economic impact of AIDS in Africa.
AUTHORS: Wehrwein P
SOURCE: HARVARD AIDS REVIEW. 2000 Winter;:12-4.
SECONDARY SOURCE ID: PIP/145709
ABSTRACT: This paper examines the economic repercussions for families and communities affected with AIDS in Africa. It was reported that one-quarter of the working population in Africa have been inflicted with AIDS and the money saved for basic necessities and investment in the children's future is used up to cover the high cost of medical expenses. An annual health care expenditure by the government of less than $100 is not enough to cover the cost of antiretroviral therapy of $10,000-20,000 per individual. When these patients die, the government must bear the burden of caring for the orphaned children and elderly. Also, the increasing number of HIV infection has taken a toll on the medical resources thus resulting to a rise in the price of medical services. Gross Domestic Product (GNP) has been used to evaluate the effect of AIDS in the region's productivity but was found out that it is the wrong way of measuring the effect. A larger context of human welfare must be considered and nations must realize that they lost 10-20 productive years due to a single disease. An estimate of just an annual decrease of 1.5% in the incidence of AIDS could increase the GNP by 56% in that same period. These figures are used as measures on a massive representation of human suffering and tragedy but they do not measure the agony of the survivors and ignore the loss of the dead and the dying.

The demographic and economic impact of AIDS in Africa.
AUTHORS: Whiteside A; Stover J
SOURCE: AIDS.. 1997;11 Suppl B:S55-61.
SECONDARY SOURCE ID: PIP/140474
ABSTRACT: Knowing how HIV/AIDS will affect the demography and social and economic functioning of societies is of extreme importance if planners and policy-makers are to effectively respond to the pandemic and avert its potentially devastating consequences. Problems in predicting the

implications of the AIDS epidemic are considered, followed by discussion of the anticipated demographic consequences in terms of mortality, fertility, population size and growth, dependency ratio, and orphans. The economic effect is then considered with regard to households, firms and enterprises, and the macroeconomic impact. Overall, the AIDS epidemic will reverse hard-won development gains and make people and countries worse off. The effects may last for decades. Since many adults who are dying at relatively young ages have children, an entire generation of these orphans may grow up without the care and role models they would

The socio-economic impact of AIDS: issues and options in Zimbabwe.
AUTHORS: Loewenson R; Kerkhoven R
SOURCE: Harare, Zimbabwe, Southern Africa AIDS Information Dissemination Service [SAfAIDS], 1996 May. [8], 32, [7] p. (SAfAIDS Occasional Paper Series No. 1)
SECONDARY SOURCE ID: PIP/139624
ABSTRACT: This report evolved from a draft position paper on the impact of AIDS in Zimbabwe for the Embassy of Sweden. Round Table meetings contributed to changes incorporated into this work, which is a discussion paper based on existing data, information, and experiences. It is recommended that a national level government agency be formed and mandated to coordinate a response to the AIDS epidemic. Chapters focus on the theoretical impact of AIDS on the economy; the demographic impact of AIDS, the macroeconomic impact, and social expenditures and costs of the epidemic; and potential responses to the epidemic, management of the economic impact of the epidemic, and capacity building for an effective national response. Surveillance data indicate that by December 1995, an estimated 1 million people (10% of total population) had been infected with HIV. The highest risk of infection was among children aged 0-5 years and the 15-50 year old age group. Seroprevalence among the most sexually active age groups was an estimated 20-25%. HIV infections occurred equally by gender. Sentinel surveillance indicates higher HIV incidence in urban centers and growth areas. 33% of the work force in 1990 were HIV infected. 50% of people with sexually transmitted diseases were HIV infected during 1993-95. Cases of tuberculosis and diarrhea have increased as has the proportion of HIV cases. Program responses to the economic impact aim to reduce transmission and AIDS morbidity, manage the impact of the epidemic, and strengthen institutional capacity.

AIDS in Africa: socio-economic determinants and development impact.
AUTHORS: Whiteside A; Barnett T
SOURCE: AIDS.. 1998;12(5):8-11.
SECONDARY SOURCE ID: PIP/132162
ABSTRACT: Although Africa is already entering its second decade with AIDS, the spread of HIV has not been stopped. This is partly because prevention and control efforts have focused upon quick, easy to implement technical solutions. The social, economic, and development determinants instead need to be assessed and technical efforts better focused. The UNDP Human Development Index and Human Poverty Index are highly sensitive to the impact of AIDS. It needs to be understood and incorporated into prevention efforts and plans for the future that a country's social and economic status will affect the spread of HIV. In turn, AIDS will have demographic, social, and economic consequences. The authors consider the socioeconomic correlates and causes of HIV, biomedical factors, sexual behaviors, the socioeconomic environment, macro factors, interventions, explaining and predicting the HIV/AIDS epidemic, and the epidemic's impact upon development.

The economic impact of HIV / AIDS in Lesotho.
AUTHORS: McMurchy D
SOURCE: AIDS ANALYSIS AFRICA (SOUTHERN AFRICA EDITION). 1997 Jan;7(4):11-2.
SECONDARY SOURCE ID: PIP/120316
ABSTRACT: Since the first reported case of AIDS in Lesotho in 1986, HIV infection and the number of AIDS cases have continued to increase exponentially such that the number of new cases reported for the

first 6 months of 1996 equalled the total reported in all of 1995. The World Health Organization Lesotho therefore commissioned a study in 1993 to estimate the potential direct and indirect costs of HIV/AIDS to Lesotho during 1993-98. These direct personal medical costs, direct non-personal costs, and indirect costs are presented. HIV/AIDS in Lesotho is estimated to have a M151.2 million economic impact during 1993-98. This figure is in constant 1992 prices and includes total direct medical costs of M66.5 million, total direct non-personal costs of M48.5 million, and total indirect costs of M36.2 million. The total economic cost of AIDS in 1993 was M10.9 million, 9.7% of the total health budget and 0.6% of gross domestic product. The average direct medical cost per HIV/AIDS patient in 1993 was M6210, while the total value of foregone productivity is M25,549. Therefore, for every HIV infection prevented today, a loss to the economy of M31,759 is averted. With the rapid spread of HIV throughout Lesotho, the cost of the pandemic will surely keep increasing.

The economic impact of AIDS on Africa.
AUTHORS: Ainsworth M; Over AM
SOURCE: In: AIDS in Africa, edited by Max Essex, Souleymane Mboup, Phyllis J. Kanki, Mbowa R. Kalengayi. New York, New York, Raven Press, 1994. :559-88.
SECONDARY SOURCE ID: PIP/118470
ABSTRACT: This paper explores the economic impact of AIDS relative to other health problems and looks at households and firms as microeconomic actors. The health, agricultural, education, and social sectors are discussed followed by consideration of economy-wide impacts in terms of demographic shocks, World Health Organization extrapolative projections of current and future cases, behavior models, a multisector/short-term model of shock and response, and aggregate growth models of the epidemic's impact. The models reviewed dispel the notion that the AIDS epidemic may improve the growth of per capita income at the macroeconomic level. The models instead predict that AIDS will reduce the growth of gross domestic product by more than it reduces population growth. AIDS is a development problem, not just a health problem. Since AIDS is fatal, affects adults in their most productive years, affects the most skilled workers, and is widespread, the disease will have a greater economic impact than other more prevalent illnesses. Africa has only begun to experience the impact of already existing levels of HIV infection. The long incubation period from initial HIV infection to the development of AIDS means that even if all further spread of HIV were stopped immediately, the impact of AIDS-related mortality would be felt for more than a decade. AIDS is likely to be an integral aspect of poverty in sub-Saharan Africa well into the next century.

Report on a workshop -- The Socio-Economic Impact of HIV / AIDS on Indian Industry. Special report: India.
AUTHORS: Whiteside A
SOURCE: AIDS ANALYSIS ASIA. 1996 Nov;2(6):10-1.
SECONDARY SOURCE ID: PIP/117985
ABSTRACT: This article describes the outcome of a workshop held in Delhi, India, in September 1996 on HIV/AIDS. The aim was to inform the corporate sector about the problems associated with HIV infections and the socioeconomic implications for India and for business. Participants came from the industrial and nongovernmental sectors. This workshop illustrated the deficits in AIDS-in-the-workplace programs. The key lessons learned were that HIV/AIDS had an economic impact, and that there was a need to develop proper health information systems. HIV/AIDS prevention strategies should be part of general health programs. Participants identified the following as practical actions: prevention and counseling, testing, clinics for sexually transmitted diseases, condom distribution, and outreach services. Indian reports indicate 2639 cases of AIDS up to July 31, 1996, of which 75.4% are male and 24.6% are female. The results of screening 2,872,527 blood samples revealed 45,866 HIV-positive samples, or a rate of 15.97/1000. It is estimated that India has 2.5-3.0 million people with HIV infections. Few participants were aware of the nature of the HIV/AIDS problem and its impact on the working-age population. Business was concerned with minimizing the impact on profits and operations, while nongovernmental

groups were concerned about protecting individual rights. Both groups desired better hard data on the size and trends. Business was concerned about when to begin blood testing in the workplace and how insurance funds would be protected. The issues of HIV testing and public health were hotly debated. Spouses should have the right to protection. Participants concurred that HIV/AIDS would result in increased absenteeism, loss of skilled workers, increased costs in human resources, added training costs, and increases in costs of benefits.

The economic impact of AIDS: measuring the human and capital costs. Country focus: Kenya.
AUTHORS: Rau B; Forsythe S; Okeyo TM
SOURCE: AIDS ANALYSIS AFRICA. 1996 Oct;6(5):6-8.
SECONDARY SOURCE ID: PIP/117144
ABSTRACT: Kenya's National AIDS and STD Control Program (NASCP) estimates that by mid-1994 there were about 1 million people infected with HIV in the country. HIV seroprevalence levels among women attending antenatal clinics at urban and semi-urban sites rose from less than 2% in 1985 to 14% in 1994. It is projected that by the year 2000, 10% of adult Kenyans will be infected with HIV. While it is clear that there will be considerable AIDS-induced disease and death in Kenya, the impact upon the social welfare of the family may be even more devastating, with decades of progress likely to be undermined. AIDS affects the lives of infected individuals, their families and communities, the companies for which they work, and the country overall. The authors consider the need for children to work when parents become sick with AIDS, family and health, labor productivity, opposition to more aggressive HIV/AIDS prevention and care, growing community and government health worker commitment, economic fallout, and policy recommendations.

Economic impact in selected countries and the sectoral impact.
AUTHORS: Whiteside A
SOURCE: In: AIDS in the world II: global dimensions, social roots, and responses. The Global AIDS Policy Coalition, edited by Jonathan M. Mann and Daniel J.M. Tarantola. New York, New York, Oxford University Press, 1996. :110-6.
SECONDARY SOURCE ID: PIP/116633
ABSTRACT: The speed and extent of HIV's dissemination into populations differ greatly among countries and geographical areas; so too will the economic impacts of various HIV/AIDS epidemics. It is difficult to assess and predict the economic impact of HIV/AIDS. This paper reviews the relevant literature and work in progress and considers the economic impact of HIV/AIDS through a review of six country case studies. The case studies of Tanzania, Cameroon, Swaziland, Thailand, South Africa, and the Republic of Korea are presented. The World Bank approach, the macroeconomic literature, the microeconomic literature, and the sectoral impact are discussed. The author believes that the study of the impact of AIDS upon national economies and sectors should lead to action. Such research provides tools for advocacy and facilitates planning for the future.

The economic impact of AIDS. Floor of life issues.
AUTHORS: Anonymous SOURCE: AIDS AND SOCIETY. 1995 Jan-Feb;6(2)
SECONDARY SOURCE ID: PIP/103110
ABSTRACT: The World Bank and the Food and Agriculture Organization (FAO), have issued warnings about the economic effects of the acquired immunodeficiency syndrome (AIDS) epidemic. FAO is concerned about the threat to Africa's food supply because those infected are involved in the food production process. The World Bank is concerned with the effects on income generation and on the skilled work force, which will slow the per capita income growth from about 1% to 0.4%. Examples given by the bank include 1) an estimated cost of $8 million dollars to replace long distance truck drivers who have already died from AIDS in Thailand, where 4.2% of the adult work force are infected with human immunodeficiency virus (HIV); 2) the loss, due to AIDS, of 10% of Uganda's 5600 railway workers; 3) the expected loss of about 14,460 teachers in Tanzania by the year 2010 and 27,000 by the

year 2020; 4) a depletion of household savings for millions of African families because the average number of costly episodes of illness before death is 17 for adults and 6 for children; and 5) the depletion of income and savings for low income African families because the average cost of in-hospital treatment may be 3 times the average monthly income of the family. FAO and the World Bank fear a shift from cash crops to subsistence agriculture. The World Bank is planning a $150 million loan for 1995 AIDS prevention and treatment programs.

The economic impact of the HIV epidemic.
AUTHORS: Cohen D
SOURCE: New York, New York, United Nations Development Programme [UNDP], HIV and Development Programme, 1993 Nov. [5], 35 p.
SECONDARY SOURCE ID: PIP/095865
ABSTRACT: This UN Development Program paper identifies and analyzes the principle manners in which HIV impacts upon economic and social systems. A model is developed to show that the main effects will be on the level of net savings, with consequences for the rate of investment, the rate of economic growth, and the level of gross national product per capita; and on the size of the effective labor supply. This latter impact upon the absolute supply of labor will affect what can be produced and under which conditions of production. The author establishes the economic case for effective policies for HIV prevention and places his analysis within the framework of the socioeconomic impact of the epidemic. Moreover, he reviews a selection of methodologies and empirical evidence on the impact of HIV upon households, productive sectors, and government. The economic and social impacts of the HIV epidemic are shown to be pervasive, affecting all sectors of economic activity and all segments of society. A case is made for focusing policy interventions at the levels of the community and households, where the costs of HIV will be concentrated, and where policies for behavioral change need to be made effective.

The economic impact of AIDS on Thailand.
AUTHORS: Viravaidya M; Obremskey SA; Myers C
SOURCE: Cambridge, Massachusetts, Harvard University, School of Public Health, Department of Population and International Health, 1992 Mar. 31 p. (Department of Population and International Health Working Paper No. 4)
SECONDARY SOURCE ID: IND/8029033
ABSTRACT: "This paper will examine the potential economic impacts of the AIDS epidemic on Thailand. The direct costs (healthcare and systems costs), and the indirect costs (the value of lost wages) of AIDS in Thailand are estimated based on differing future paths of the epidemic." (EXCERPT)

The socio-economic impact of AIDS. Background Paper I: Zambia: the current HIV / AIDS situation -- and future demographic impact.
AUTHORS: Fylkesnes K; Brunborg H; Msiska R
SOURCE: Lusaka, Zambia, Ministry of Health, 1994. vi, 89 p.
SECONDARY SOURCE ID: PIP/097948
ABSTRACT: Although the lack of population-based studies on the prevalence of HIV/AIDS in Zambia makes it extremely difficult to accurately estimate the current status of the epidemic in the country, data from the HIV sentinel surveillance system (SSS) indicate that Zambia is among the countries most seriously affected by the HIV/AIDS epidemic. Estimates based upon the 1992 SSS on women attending antenatal clinics point to a 34% prevalence of HIV infection among individuals aged 15-39 years in urban areas and 13% in rural areas. 600,000-700,000 adults are estimated to be infected countrywide, or 14.4-16.5% of the population. Short-term projections using the WHO Epimodel suggest the occurrence of 400-500 new infections daily. The number of people with AIDS who will probably need extensive care could increase from 70,000 in 1993 to 150,000 by 1998, with AIDS mortality increasing commensurately. It is expected that there will be 530,000-600,000 orphans under age 15 years by the year 2000. Long-term projections were obtained using the DemProj model. AIDS related child mortality will probably increase

from 183/1000 in 1990 to 269/1000 in 2005, with a substantially higher increase in urban than rural areas. Child mortality will decline gradually after 2005, but remain high. Overall life expectancy at birth could drop from 51 years in 1990 to 42.6 years in 2002. Assuming no change in the rate of total fertility, the population growth rate will decrease and the total population in 2030 will be about 25% less than expected without AIDS. The growth rate and age structure are far more sensitive to a decline in fertility rate than to a high HIV prevalence level. The authors emphasize the need to establish a core data collection system to provide timely and relevant information for decision making in the national program.

Socio-economic impact of HIV / AIDS in the Philippines.
AUTHORS: Tan ML
SOURCE: AIDS CARE.. 1993;5(3):283-8.
SECONDARY SOURCE ID: PIP/090905
ABSTRACT: 354 HIV-positive cases had been reported to the Department of Health by September 30, 1992, 80 of whom have developed AIDS with 57 deaths. Health Department officials, however, estimate that 100 unreported infections exist for every notification. This paper analyses the potential socioeconomic impact of HIV disease in the Philippines. Focus is limited to the potential for infection among the more than 1.2 million overseas contract workers and 200,000 sex workers. These populations were chosen because of their vulnerability to being infected with HIV, their large numbers, and the extent of their contribution to the Philippine economy. The potential impact of an HIV/AIDS epidemic is considered in the context of recent developments in the Philippines such as the economic recession, widespread poverty, and income inequality. The contributions of overseas workers and sex workers at the national and household levels are than reviewed followed by an overall consideration of the potential impact in terms of lost income, medical care costs, and sociopolitical disruption. It is concluded that the impact would be enormous epidemiologically, economically, and socially and that HIV prevention measures are urgently needed.

A comparative review of the economic impact of selected infectious diseases in Africa.
AUTHORS: Aron JL; Davis P
SOURCE: Baltimore, Maryland, Johns Hopkins School of Public Health, Johns Hopkins Population Center, 1993 Feb. viii, 84 p. (Papers on Population WP 93-07)
SECONDARY SOURCE ID: PIP/084518
ABSTRACT: The economic consequences of disease, according to the theory of human capital, may be described in terms of direct costs for treatment and indirect costs of productivity lost due to morbidity and mortality. Productivity measurements are based on consumer demand. 1 method asks people what they would be willing to pay for improved health, while another analyzes financial allocations to determine what people have actually paid for health improvement. These approaches, however, have not been applied in developing countries and are subject to wide variation in values and the philosophical objection of encouraging decisions regarding health care based on one's ability to pay. Whatever method is ultimately employed must consider and accommodate the circumstances and needs of the young, working age young adults and adults, and the nonworking elderly. These authors review sentinel studies on the impact of malaria, HIV/AIDS, onchocerciasis, dracunculiasis, and schistosomiasis in selected African countries. They find it difficult to compare the economic impact of disease from different studies based upon different levels of analysis or different types of sources. The most important gap is the lack of HIV/AIDS data at the household level and on the impact of AIDS upon villages and businesses. It is concluded that impacts may be roughly compared on the basis of healthy life-years lost, especially when discounted productive years of life lost are multiplied by estimated average annual income. Cost-benefit and cost-effectiveness studies must also be conducted above and beyond general impact evaluation to assess whether interventions should be made. Once all of the results are in, programmers should then invest in diseases of high estimated burden and increasing incidence such as AIDS and malaria. Recommendations are included on methodologies and data requirements.

The demo-economic impact of the AIDS pandemic in Sub-Saharan Africa.

AUTHORS: Becker CM

SOURCE: WORLD DEVELOPMENT. 1990 Dec;18(12):1599-619.

SECONDARY SOURCE ID: IND/8016999; PIP/071733

ABSTRACT: AIDS is projected to grow into 1 of Africa's most serious diseases of the 1990s. The pandemic steadily grows worse, especially in eastern and central African countries. In many countries, HIV prevalence is substantially higher than that of the US. Moreover, the dominant pattern of heterosexual transmission in African states suggests that the steady state rates in those countries are also likely to be far greater than that of the US. Indeed, it is possible that 10-15% of African adults may be infected with HIV within the period of 2 decades. Accordingly, the continent will witness significant increases in both adult mortality and the number of orphaned youths. To explore the scope and magnitude of the problem, and what may be done to limit the spread of HIV, available data on the incidence and spread of AIDS and HIV in Africa are reviewed, and an attempt is made to assess the impact of the pandemic upon population growth and economics in Africa. Impact assessment considers both quantifiable economic costs and long-run, nonquantifiable factors. Support is found for the notion that the pattern of economic development in Africa helps facilitate the spread of AIDS and other sexually transmitted diseases (STDs). Additionally, certain components of structural adjustment may help contain AIDS, through no concrete determination may be made on how AIDS will affect economic performance in given countries. In the area of prevention, programs need to include measures to control other STDs, with central attention given to increasing condom use. Potential policy strategies are explored.

The projected economic impact of an African AIDS epidemic.

AUTHORS: Way PO; Over M

SOURCE: [Unpublished] 1992. Presented at the Annual Meeting of the Population Association of America, Denver, Colorado, April 30 - May 2, 1992. 16 p.

SECONDARY SOURCE ID: PIP/072883

ABSTRACT: The impact of the AIDS epidemic on the economy of a typical African country is examined in a relatively simple macroeconomic model based on data from 35 African developing countries between 1960-85. The iwgAIDS model developed by the US State Department is used to estimate the spread of HIV and AIDS mortality between 1990-2015. The results were based on 2 scenarios with and without an AIDS epidemic. This typical country had a population size equal to 2% of the population in the sub-Saharan region, with fertility and mortality of the region generated by the US Census Bureau. WHO estimates of HIV infection were used, i.e., 1%. HIV infection spread 7-fold, and seroprevalence in urban areas rises between 4-17% between 1990-2015. Rural areas increase slowly to 5%, which is a 10-fold increase. In the iwgAIDS model total population is reduced 12%. Population growth rate (PGR) is slowed to 1.5%/year vs. 2.3% without AIDS. AIDS increases overall mortality levels by almost 50%, with AIDS deaths predominately in the 15-64 age group. In the economic model, urban and rural production functions were estimated, as well as educational attainment figures and savings. The estimation process is described. The economic model calculates direct costs (health care and other expenses related to AIDS cases) and estimates indirect costs (funeral expenses and lost productivity) as the indirect effect of AIDS mortality on economic growth. Reduced productivity and household opportunity costs of AIDS cases are not included. Without AIDS, the gross domestic product (GDP) rises from $3.2 billion in 1990 to $8.3 billion in 2015. Urban production accounts for accounts for 66% of this increase. The impact of AIDS on economic growth is based on variation in AIDS by socioeconomic status. There are 2 scenarios: AIDS-1 with no selectivity by educational status and AIDS-2 with the low educational sector affected by 50% less than expected on a proportional basis. The assumptions are outlined. Both AIDS-1 and AIDS-2 show that direct costs reach almost $800 million by 2015. It is noted that direct costs increase with selectivity which emphasizes those with higher education. The AIDS-1 and AIDS-2 models are modified to include all costs from consumption in AIDS-1, which minimizes economic impact. A larger economic impact is felt in AIDS-2 because all costs reduce savings. GDP is reduced to a great extent in both models to $6.5 billion by 2015 instead of $8.3 billion. The cumulative

impact of AIDS in this typical African country reduced the GDP by $12-13 billion by 2015. GDP/capita is also reduced. The majority of the impact comes form the indirect costs of lost productivity, which would be 15 times greater that the estimated direct cost. Detailed country-specific data are difficult to obtain which prevents a more detailed analysis by country.

Towards developing a community based monitoring system on the social and economic impact of AIDS in East and Central Africa.

CORPORATE NAME: United Nations Development Programme [UNDP]. Bureau for Programme Policy and Evaluation

SOURCE: [Unpublished] 1991. 4, [1] p.

SECONDARY SOURCE ID: PIP/068714

ABSTRACT: Proposed is a short-term, initial study of the potential of a community-based system to monitor the social and economic impact of acquired immunodeficiency syndrome (AIDS) in Eastern and Central Africa. The study was requested by the United Nations Development Program (UNDP). Its initial phase, which will be conducted in the UK, will consist of a literature review and preparation of a proposal for a pilot project. Particular emphasis will be placed on poor households in which family survival is threatened by the death from AIDS of an economically active adult. Assessed will be the extent to which a community-based monitoring system can aid households and communities in coping with the excess mortality created by AIDS and also provide information to national leaders that can be used to guide the formulation of national AIDS policy. Components of such a monitoring system are the regular collection of data, processing of the data into a form where they can be used as the basis for initiating actions, and definition of a set of interventions. Such an activity assumes the existence of both institutions that can collect and process the data and agencies capable of initiating interventions. Examples of successful monitoring systems exist in the areas of food security and child malnutrition. Their success appears to have been based on the availability of data at the points where action is to be taken, involvement of existing community institutions, a convergence of community and external agency objectives, and a common perception of problems and their relative importance. The pilot project is expected to involve a small number of areas in one or two countries of East and Central Africa with a high incidence of AIDS.

HIV/AIDS in Eastern and Southern Africa

Anne V. Akeroyd. *Review of African Political Economy.* No. 60. 1994.

This article reviews some key books on HIV/AIDS in Africa. It does so by examining the debates relating to the extent and possible future economic and social impacts in especially eastern and southern Africa. It explores the so-called doomsday scenarios and addresses themes linked to the important and increasing attention being paid to the gendered aspects of HIV/AIDS.

Education

As soon as school enrollment rates in some developing countries have finally reached goal levels, the AIDS epidemic has begun to impact on educational systems in direct ways. With teacher illness and death rates on the rise, classroom size is increasing and there is a growing demand for educational delivery. At the same time, students are psychologically scarred and financially strained with loss of family and community members, and absenteeism rates increase. UNESCO, UNDP and others have published the results of key studies on the direct impact of HIV/AIDS on education.

ONLINE RESOURCES

http://www.unesco.org/education/educprog/pead/GB/AIDSGB/AIDSGBtx/ImpEduc/CadImpEd.html
Very useful site that has some downloadable papers.

http://www.undp.org/hiv/publications/issues/english/issue32e.htm
"The HIV Epidemic and the Education Sector in sub-Saharan Africa" Issues Paper No. 32 By Desmond Cohen, 1999

http://www.usaid.gov/regions/afr/hhraa/aids_briefs/educate.htm
From the Health and Human Resources Analysis for Africa (HHRAA) Project of the USAID Africa Bureau, this AIDS Brief endeavours to provide some ideas as to how the educational sector may be affected and what types of response are required.

http://www.worldbank.org/aids-econ/toolkit/
"Considering HIV/AIDS in Development Assistance: A Toolkit"
A World Bank web site, this toolkit has been prepared to assist staff of the Commission of the European Communities and Consultants in considering the implications of the HIV epidemic in the provision of development assistance. Site includes a *Sectoral Checklist* addressing issues specific to Education, among other areas.

OTHER DOCUMENTS

"The Impact of Adult Deaths from AIDS and Other Causes on School Enrollment in Tanzania."
Martha Ainsworth and Godlike Koda. World Bank. 1993.
Paper presented at the annual meetings of the Population Association of America in Cincinnati, Ohio in April.

The Impact of HIV/AIDS on Education in Zambia
Researchers: Mukuka L and Kalikiti W
Organisation: Ministry of Health Year: 1995. Status: published
The study suggests a considerable urban distinction in the impact. In 11 rural schools studied, an average of five teacher died over the previous three years, compared to an

average of 17 in the urban schools studied. In general, teachers and students were unsure if AIDS had affected the quality of education in the schools. AIDS cases among teachers had various perceived negative impacts:
(i) teachers overly concerned about their health and therefore becoming nervous and depressed
(ii) teachers frequently absent
(iii) teachers deteriorating attitudes to work
(iv) inability to perform well
(v) negative psychological impacts on children.
An average of four teacher hours were lost per week per school in 1 995 in urban areas due to teacherillness and funeral attendance.

How Education Systems Respond
Researcher: Shaeffer S Year: 1994, Status: published paper
Regarding absences, the average number of teaching hours per week lost to teacher illness and/or teacher attendance of funerals were two to three in the rural schools and about four in the urban. Speculationbased on projections allows the implication that certain changes will occur.

The Impact of HIV/AIDS on Education Systems.
AUTHOR: Shaeffer, Sheldon
PUBLICATION_DATE: 1993
JOURNAL_CITATION: Educational Horizons; v71 n4 p171-74 Sum 1993
ABSTRACT: AIDS is increasing pressure on educational delivery systems to transmit messages about it. It is having a short-term impact on demand, supply, and response, and its long-term impact will require broader educational and social objectives and functions and flexible mechanisms for planning, financing, and managing programs.

The Socio-economic Impact of AIDS: Zambia, the Current HIV/AIDS Situation and Future Demographic Impact Researchers: Fylkesnes K, Brunborg H et al Year: 1994 Status: published paper
In 1993 an estimated 40% of teachers were HIV-positive. HIV/AIDS is having an impact on education in three ways:
(i) increasing pressure on both in and out of school educational delivery systems to become more
efficient, effective transmitters of messages about sexual health, HIV/AIDS etc.
(ii) short term effects on the educational sector in terms of supply and demand (Table 3) and
(iii) longer term effects on the system's objectives, functions and management.
The longer term effects on the system's objectives, functions and management are related to the changing composition of the school-going population. The school-aged population will be more frequently not enrolled, have higher rates of absenteeism, have a higher proportion of orphans, be more psychologically scarred, have a higher number of abandoned children, be less able to afford school fees and costs, and be more likely to engage in premarital sex due to poor domestic and economic circumstances.

Impact of HIV/AIDS on the Education Sector
Researchers: Bahri S et al Organisation: UNESCO Year: 1995
Status: regional workshop proceeding
Review of 12 countries from southern and eastern Africa on the impact of HIV/AIDS on the education sector, in collaboration with WHO Regional Office for Africa, a regional seminar on AIDS and Educationwithin the School System for English-speaking countries in Eastern and Southern Africa, Harare, Zimbabwe. The participants highlighted the need to put in place efficient data collection and information management systems. The data collection process should be undertaken at both school and national level, planning should be both short term and long term. Effective preventive strategies within the school system have been identified by all participants as one of the main ways to combat the impact of HIV/AIDS on the education sector. Some countries in sub-Saharan Africa are already experiencing this impact (death of teachers, absenteeism, student drop out) while others the impact is barely noticeable.

The impact of AIDS mortality on children's education in Kampala (Uganda).
AIDS Care 1990;2(1):77-80 Related Articles, Books, LinkOut
Muller O, Abbas N
League Red Cross and Red Crescent Societies, Geneva, Switzerland.
The socioeconomic impact of the AIDS epidemic in Uganda has been evaluated through carrying out a household survey in central Kampala. A chronic disease with fever and weight loss, occurring mainly in young adult, caused about 1% mortality in 1988 in the area studied. There was a negative relation between being orphaned and access to school education. It is suggested that community-based AIDS patient care activities should put special emphasis on educational support of these children.
PMID: 2083265, UI: 91190950

Environment

Linkages between the environment and HIV/AIDS can be found in the research and results related to finding anti-HIV agents in traditional medicines and natural remedies. With the high costs of western medications used to combat the virus, people living with HIV/AIDS in developing countries are seeking alternative ways to manage their health. This area of study touches upon ethnobotanics, traditional health care systems, and health policy. These linkages are explored in the literature referred to below.

ONLINE RESOURCES

http://users.ox.ac.uk/~gree0179/Fullreport.htm
"International Conference On Medicinal Plants, Traditional Medicine & Local Communities In Africa: Challenges And Opportunities Of The New Millennium"

http://www.aegis.com/news/ips/1997/IP970203.html
"Cameroon-Environment: Saving A Valuable Medicinal Plant"

http://www.hort.purdue.edu/newcrop/proceedings1996/V3-554.html
"Drug Discovery and Development at the National Cancer Institute: Potential for New Pharmaceutical Crops"

http://www.africanwildlife.org/Samples/rare_vin.html
"Rare Vine from Cameroon's Korup National Park Offers Hope in AIDS Battle"

http://www.aegis.com/news/ct/1995/CT950903.html
"Rain Forests May Offer New Miracle Drugs"

http://www2.healthnet.org/MGS/vanSeters1995.html
"A Remedial Treasure In Our Tropical Timberyard?" Arnoud P. van Seters, M.D., Ph.D

http://www.who.int/inf-fs/en/fact134.html
Traditional Medicine

http://www.shaman.com/Healing_Forest.html
The Healing Forest Conservancy

http://ag.arizona.edu/OALS/ICBG/publications/timmermann.html
"Biodiversity Prospecting and Models for Collections Resources: The NIH/NSF/USAID Model"

http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=PureSearch&db=PubMed&details_term=%28%28%22michellamine%20A%22%5BSubstance%20Name%5D%20OR%2

0Michellamine%20B%5BText%20Word%5D%29%20AND%20notpubref%5Bsb%5D%29
Pubmed Search: Michellamine B

OTHER DOCUMENTS

A regional task force on traditional medicine and AIDS.
Lancet 2000 Apr 8;355(9211):1284
Bodeker G, Kabatesi D, King R, Homsy J
Green College, University of Oxford, UK.
PMID: 10770339, UI: 20231108

Sexually transmitted disease, ethnomedicine and health policy in Africa.
Soc Sci Med 1992 Jul;35(2):121-30 Green EC
Compared with both industrialized countries and other less developed parts of the world, most of sub-Saharan Africa suffers inordinately from sexually transmitted diseases (STDs). It has high prevalence rates of traditional STDs, such as gonorrhea and syphilis, and if accurate seroprevalence surveys were to be done, it would probably prove to have the highest HIV seropositive incidence in the world. Unlike the pattern in the West, AIDS is primarily a heterosexually transmitted disease in Africa. This appears to be largely because of the prevalence of other untreated or improperly treated STDs. Therefore to lower the incidence of STDs would be to curtail the spread of HIV infection. The problem becomes how exactly to accomplish this. Most STD cases are never even presented at biomedical health facilities; they are presented to traditional healers. Both healers and their patients seem to believe that traditional STD cures are more effective than 'modern' cures, although the former are probably biomedically ineffective. While there is scant ethnomedical literature on STDs in Africa, the present paper presents Swaziland findings and related evidence from other African societies that the ultimate cause of several common STDs is believed to be the violation of norms governing sexual behavior, requiring traditional rather than biomedical treatment. Traditional healers therefore need to be a central part of any scheme to lower the incidence of STDs. PMID: 1509301, UI: 92376606

Population and Genetic Structure of the West African Rain Forest Liana Ancistrocladus korupensis (Ancistrocladaceae)
Appeared in American Journal of Botany, Vol. 84, no. 8 (August 1997), pp. 1078-1091.
P. F. Foster and V. L. Sork
This article exemplifies the potential value to humans of the many rare species found in tropical forests. A rare rain forest liana, or woody vine, Ancistrocladus korupensis, was discovered recently and is known to occur only in a small region limited to about 60 square miles in Cameroon and Nigeria. Its leaves yield a substance known as michellamine B, which has been shown in the laboratory to be active against HIV (the virus that causes AIDS). Michellamine B is particularly interesting because it is active against strains of HIV that are resistant to the commonly used drugs AZT and pyridinone. Despite its considerable promise in the fight against AIDS, Foster and Sork have found

that this woody vine has a difficult time thriving in its native environment. It is not only rare in the area where it occurs, but its reproductive rate is low and the survival of young plant into adults stages seems to be quite limited.

Treating AIDS related symptoms using traditional medicine.
BOOK TITLE: Eleventh International Conference on AIDS, Vol Two One world: One hope AUTHOR: Chileshe Janet BOOK AUTHOR/EDITOR: ELEVENTH INTERNATIONAL CONFERENCE ON AIDS AUTHOR ADDRESS: Jaroots, P.O. Box 21373, KitweZambia 1996 p424 1996 BOOK PUBLISHER: Eleventh International Conference on AIDS, Vancouver, British Columbia, Canada CONFERENCE/MEETING: Eleventh International Conference on AIDS, Vol. Two. One world: One hope Vancouver, British Columbia, Canada July 7-12, 1996 RECORD TYPE: Citation LANGUAGE: English DESCRIPTORS:

Plants for tackling HIV. Original Title: Quand les plantes s'attaquent au VIH.
Vanhaelen, M.; Vanhaelen-Fastre, R.; Pelseneer, A. Laboratoire de Pharmacognosie et de Bromatologie, Institut de Pharmacie, Universite Libre de Bruxelles, CP205, 4 Bd Triomphe, 1050 Brussels, Belgium. Biofutur (No. 143): p.28-33 Publication Year: 1995 ISSN: 0294-3506 2 pl. Language: French Document Type: Journal article
Natural products exhibit a wide range of biological activity including anti-HIV (human immunodeficiency virus) activity. The role of botanists, pharmacologists and phytochemists in the search for new anti-HIV drugs is discussed, including the renewed interest in the world's flora, the role of traditional medicine, the fight against AIDS (acquired immune deficiency syndrome), isolation and production of natural compounds, evaluation of activity, the importance of extraction method, mode of action, initiatives in developing countries and the role of patients in the development of new drugs. Tables are provided detailing (1) information on research programmes conducted by pharmaceutical companies and other organizations, and (2) anti-HIV constituents of plants, with Latin and family names, and plant part(s) used. 13 ref.

Use of medicinal *plants* in Zimbabwe's urban and rural areas.
AUTHOR: Mukamuri Billy(a) AUTHOR ADDRESS: (a)Institute of Environmental Studies, University of Zimbabwe, Mt Pleasant, Harare**Zimbabwe 1998 JOURNAL: Zimbabwe Science News 32 (2-3):p42-50 April-Sept., 1998 ISSN: 1016-1503 DOCUMENT TYPE: Article RECORD TYPE: Abstract LANGUAGE: English SUMMARY LANGUAGE: English ABSTRACT: In recent years the use and marketing of traditional medicines has been on the increase. More and more urban people are turning to such medicines, because of the increasing health costs in the formal sector, and the rise in AIDS. Healers represent a wide spectrum of society, being both male and female, and young and old. The most frequent ailments treated are general physiological problems and spiritual problems. Some of the species that are most frequently used are now difficult to source.

Meta-survey of *plant* and herb material as a treatment for *HIV*.
BOOK TITLE: Eleventh International Conference on *AIDS*, Vol One One world: One hope AUTHOR: Chang Raymond Y(a); Kong X B BOOK AUTHOR/EDITOR: ELEVENTH INTERNATIONAL CONFERENCE ON AIDS AUTHOR ADDRESS: (a)1275 York Ave., New York, NY 10021**USA 1996 p22-23 1996 BOOK PUBLISHER: Eleventh International Conference on AIDS, Vancouver, British Columbia, Canada CONFERENCE/MEETING: Eleventh International Conference on AIDS, Vol. One. One world: One hope Vancouver, British Columbia, Canada July 7-12, 1996 RECORD TYPE: Citation LANGUAGE: English DESCRIPTORS:

Drug leads from the Kallawaya herbalists of Bolivia.
1. Background, rationale, protocol and anti-*HIV* activity. AUTHOR: Abdel-Malek Samia; Bastien Joseph W; Mahler William F; Jia Qi; Reinecke Manfred G(a); Robinson W Edward Jr; Shu Yong-Hua; Zalles-Asin Jaime AUTHOR ADDRESS: (a)Dep. Chemistry, Texas Christian University, Fort Worth, TX 76129**USA 1996 JOURNAL: Journal of Ethnopharmacology 50 (3):p157-166 1996 ISSN: 0378-8741 DOCUMENT TYPE: Article RECORD TYPE: Abstract LANGUAGE: English
ABSTRACT: Aqueous, organic and alcoholic extracts of over 100 samples of 60 species of Kallawaya medicinal herbs representing 30 *plant* families were assayed to compare their toxicity and ability to protect MT-2 T-lymphoblastoid cells from the cytopathic effect of human immunodeficiency virus (HIV). The results are reported as a therapeutic index (TI) which was gt 25 for eighteen species, including seven gt 50 and one gt 100. The anti-HIV activity resided primarily in the aqueous rather than in the organic extracts and was concentrated in *plants* used in ethnomedicine to treat lung and liver diseases.

Herbal medicine shows potential effectiveness in PWAs with chronic diarrhea and H. del zoster in Kampala, Uganda.
BOOK TITLE: Tenth International Conference on *AIDS* and the International Conference on STD, Vol 2; The global challenge of *AIDS*: Together for the future AUTHOR: Homsy Jacques(a); Kabatesi D; Mubiru F; Kwamya L; Kalibala S; King R; Katabira E BOOK AUTHOR/EDITOR: TENTH INTERNATIONAL CONFERENCE ON AIDS INTERNATIONAL CONFERENCE ON STD AUTHOR ADDRESS: (a)MSF-Switzerland, P.O. Box 31282, Nakivubo, Kampala** Uganda 1994 p2) 218 1994 BOOK PUBLISHER: Tenth International Conference on AIDS, Yokohama, Japan CONFERENCE/MEETING: Meeting Yokohama, Japan August 7-12, 1994 RECORD TYPE: Citation

Ethnobotanics and *AIDS*.
BOOK TITLE: Tenth International Conference on *AIDS* and the International Conference on STD, Vol 2; The global challenge of *AIDS*: Together for the future AUTHOR: Accorsi Walter BOOK AUTHOR/EDITOR: TENTH INTERNATIONAL CONFERENCE ON AIDS INTERNATIONAL CONFERENCE ON STD 1994 p2) 216 1994 BOOK PUBLISHER: Tenth International Conference on AIDS, Yokohama, Japan CONFERENCE/MEETING: Meeting Yokohama, Japan August 7-12, 1994 RECORD TYPE: Citation LANGUAGE: English

***Traditional* *medicines* and herbs for treatment of *HIV* related aliments in Kenya.**
BOOK TITLE: IXth International Conference on *AIDS* in affiliation with the IVth STD World Congress AUTHOR: Awuor Lewcadia L; Onyango Dorothy O; Nkaangi Anne; Adiambo Symprose BOOK AUTHOR/EDITOR: IXTH INTERNATIONAL CONFERENCE ON AIDS AND THE IVTH STD WORLD CONGRESS AUTHOR ADDRESS: TAPWAK, Nairobi**Kenya 1993 p850 1993 BOOK PUBLISHER: IXth International Conference on AIDS, Berlin, Germany CONFERENCE/MEETING: Meeting Berlin, Germany June 6-11, 1993 RECORD TYPE: Citation LANGUAGE: English DESCRIPTORS:

Pursuit of new leads to antitumour and anti-*HIV* agents from *plants*
Cardellina, J. H.; Boyd, M. R. CONFERENCE: Phytochemistry of plants used in traditional medicine- International symposium PROCEEDINGS- PHYTOCHEMICAL SOCIETY OF EUROPE, 1995; VOL 37 P: 81-94 Clarendon Press, 1995 ISSN: 0197-8969 ISBN: 0198577753 LANGUAGE: English DOCUMENT TYPE: Conference Selected papers CONFERENCE EDITOR(S): Hostettmann, K. CONFERENCE LOCATION: Lausanne, Switzerland CONFERENCE DATE: Sep 1993 (199309) (199309)

BRITISH LIBRARY ITEM LOCATION: 6787.560000 DESCRIPTORS: phytochemistry; *plants*; *traditional medicine*

Searching for anti-HIV agents among traditional medicines
AUTHOR(S): Kusumoto, Ines Tomoco; Hattori, Masao LOCATION: Department of Biodefence Medicine, Faculty of Medicine, Toyama Medical and Pharmaceutical University, Toyama, Japan, 930-0194 JOURNAL: Pharmacol. Res. Tradit. Herb. Med. EDITOR: Watanabe, Hiroshi (Ed), Shibuya, Takeshi (Ed), DATE: 1999 PAGES: 219-235 CODEN: 68MJAF LANGUAGE: English PUBLISHER: Harwood Academic Publishers,Amsterdam, Neth SECTION: CA201000 Pharmacology CA211XXX Plant Biochemistry IDENTIFIERS: review antiAIDS traditional herbal medicine DESCRIPTORS: Anti-AIDS agents... Natural products,pharmaceutical... anti-HIV agents among traditional medicines

Traditional medicine as an alternative approach to managing HIV disease in Latin America.
Mayatech
[Unpublished] [1992]. 12, [3] p.
SECONDARY SOURCE ID: PIP/113134 (Popline)
ABSTRACT: The global HIV/AIDS pandemic has underscored the need to consider alternatives to the management of HIV/AIDS. Health in allopathic medicine is considered to be simply the absence of disease. Traditional medicine, however, looks at more than just the body, considering rest, relaxation, nutrition, herbs, ayurveda, massage, and meditation. People with HIV/AIDS have managed their health with components or a combination of this latter approach. Scientific or allopathic medicine offers only a palliative therapy for HIV disease, especially for asymptomatic individuals with high T-cell counts, while alternative therapy or traditional medicine is being used, with positive results, at the beginning of disease progression or in combination with AZT and DDI. A major benefit of traditional medicine is the sense of empowerment and hope which it gives. The Pan-American Health Organization estimates that in Latin America more than 800,000 people are infected with HIV and that there are more than 60,000 cases of AIDS. In the context of constrained access to medical resources and funds, as many as 70% of these people have been or are using some type of alternative therapy or traditional medicine. The author, HIV/AIDS Project Director at Mayatech, describes traditional medicine in Latin America as it applies to the management of HIV/AIDS based upon research of the relevant literature and interviews with people.

Humanitarian Assistance

Natural disasters, civil conflict and refugee crises provide abundant opportunities for the spread of HIV/AIDS. In addition to the emergency issues faced by developing countries in these situations, NGOs, governments and donor agencies must consider the implications of HIV/AIDS when planning and providing humanitarian assistance. From safe blood transfusions to sexual health in refugee camps, relief workers must be prepared to go beyond providing immediate help by working to prevent the spread of HIV/AIDS. Relief NGOs, as well as UNAIDS and AIDSCAP grantees such as Family Health International, have reported on these issues.

ONLINE RESOURCES

http://hivinsite.ucsf.edu/social/un/2098.4313.html
"Refugees and AIDS"

http://hivinsite.ucsf.edu/social/un/2098.4314.html
"Guidelines for HIV Interventions in Emergency Settings"
From the World Health Organization (WHO) United Nations High Commission for Refugees [UNHCR] Joint United Nations Programme on HIV/AIDS (UNAIDS). In emergencies, the priority concern is the people who are at risk of imminent death from injury, starvation, exposure, or disease. With an estimated 30-40 million people expected to be infected with HIV by the year 2000, HIV/AIDS control must be regarded as a critical component of emergency responses. The purpose of this manual is to provide guidelines to enable governments, nongovernmental organizations, and United Nations agencies to adopt the measures necessary to prevent the rapid epidemic spread of HIV in emergency situations such as natural disasters and civil strife and to care for those already affected. HIV spreads fastest in conditions of poverty, powerlessness, and social instability--situations at their most extreme during emergencies. For planning purposes, emergencies can be divided into five stages: the destabilizing event, loss of essential services, restoration of essential services, relative stability, and return to normality. Although the nature of the emergency dictates HIV/AIDS interventions, basic elements of a response to any emergency include prevention of HIV transmission through safe blood transfusion, availability of materials and equipment needed for universal precautions, condom provision, and the dissemination of basic HIV/AIDS information. This manual both outlines salient goals during each stage of an emergency and provides standards for relief workers for delivery of the minimum package of HIV interventions in emergency settings.

http://www.medguide.org.zm/aids/refaids.htm
"Refugees and AIDS: UNAIDS point of view"
There are approximately 40 million refugees and other displaced people worldwide. Some have been displaced for more than 20 years. There tends to be significant risk factors for HIV transmission within such populations. Immediately after a disaster, the critical need for blood transfusions opens the risk of people receiving HIV-infected blood. Blood transfusions are often needed in large number, especially in situations of war and disaster, as well as because of the poor nutritional status of women and children. Refugees are also at risk of contracting and transmitting HIV through unprotected sexual intercourse during consensual sex, prostitution, and rape. Condoms are usually lacking. Sexual violence and sexual trafficking also occur. When armies are involved and in contact with refugees, the risk of infection through forced or consensual sex tends to be high since rates of infection among military personnel are often much higher than in the general population. Further, in areas where drug injecting occurred before an emergency, it will likely continue in the camps. Making sure that all blood for transfusion is tested for

HIV infection, following universal medical precautions, making an adequate number of condoms available early in an emergency, providing information on HIV risks and safer sex early and in the appropriate languages, establishing health services after the acute phase of the emergency is over, diagnosing and treating sexually transmitted diseases and tuberculosis, providing physical protection to refugees from violence and abuse, and paying attention to the HIV/AIDS prevention and care needs of the host community can help to reduce the spread of HIV.

OTHER DOCUMENTS

Refugees and AIDS
Voelker R.; JAMA 1997 May 14; 277(18):1427
Publication Types: News
PMID: 9145702, UI: 97291088

A Review and Assessment of Nongovernmental Organization-based STD/AIDS Education and Prevention Projects for Marginalized Groups
Crane SF, Carswell JW; International Family Health, London, UK
Health Educ Res 1992 Jun; 7(2):175-94
Publication Types: Review
PMID: 10171671, UI: 93904761
A review of projects run by non-governmental organizations (NGOs) in primarily developing countries, which have aimed to provide STD/AIDS education and prevention skills to various marginalized groups, reveals that past quantitative and formative research has failed to identify key programmatic factors which lead to more successful project implementation and sustainability. In observations, interviews with field staff, visits to program sites and information drawn from the literature, a variety of methods to reach a wide range of groups such as men who have sex with men, prostitutes, clients of prostitutes, prisoners, street children, migrant workers and refugees are explored. Factors found to facilitate project success include the following: at least one full-time committed staff member; respectful treatment and appropriate motivation of the target group; suitable and sufficient equipment and supplies (particularly condoms); planning ahead for the participation of HIV-positive individuals and ways to meet their needs; focusing on qualitative rather than quantitative evaluation; planning in advance beyond a 9 or 12 month 'model'. Despite some evidence that marginalized groups can be successfully motivated to practise safer sex through prevention education, long-term behaviour change still presents major challenges--even when specific conditions are met.

AIDS: Refugees and the Homeless
Lucas SE; UK/NGO AIDS Consortium for the Third World, London, UK
AIDS Care 1991; 3(4):443-6
PMID: 1786280, UI: 92153921

Program Evaluation: AIDS/STD Prevention Program for Rwandan Refugees, Ngara District, Tanzania
Wondergem P.; John Snow [JSI]
1996 Jan. [2], 39 p. (AIDSCAP Task Order 5004-007)
SECONDARY SOURCE ID: PIP/148804
This paper evaluates the AIDS prevention program implemented for Rwandan refugees in Ngara District, Tanzania, 3 months after the start of civil unrest in Rwanda. By using a multi-stage sampling method, a baseline study in August 1994 with 559 respondents and a follow-up survey in July 1995 with 484 respondents were conducted. Studies revealed that 84% of respondents received AIDS/STD prevention messages in the camp, while approximately 48% of the target population were counseled. In addition,

condom accessibility increased from 52% to 95% in men and from 42% to 85% in women, which exceeded the targets set for intervention. Furthermore, an increase in the knowledge of sources for condoms and decline in incorrect knowledge on HIV transmission were noted. On the other hand, the insignificant change in HIV prevention knowledge can be attributed to the already high knowledge levels at the time of baseline measurement. Despite these findings, there were still limited changes in at-risk sexual behavior, including low level of condom use among men (67%) and an increased number among women (5-17%). Women were found to be more sexually active compared to the previous year (87% vs. 79%), with an increase in multiple partners during the last 2 months (16% vs. 2%); there was also an increase in multiple partners among men (12% vs. 23%).

AIDS/STD Program for Rwandan Refugees, Health System and Community Assessment, Benaco Camp, Ngara District, Tanzania (AIDSCAP Task Order 5004-007)
Wondergem P; Brady B; John Snow [JSI]
1994. 51 p.
SECONDARY SOURCE ID: PIP/148653
This project concerning Rwandan refugees in Tanzania aimed to increase the availability of free condoms, community outreach education for HIV/AIDS prevention, and sexually transmitted disease (STD) prevention, treatment, and counseling. A John Snow Inc. team, assisted by Family Health International, CARE International, and Population Services International, visited in August and early September 1994 to carry out an AIDS prevention assessment as a preparation for intervention for refugees. The community assessment started by conducting discussions with CARE food distribution and health staff, followed by the walks and informal interviews to become acquainted with the population and the environment. Findings indicate that there is an urgent need for AIDS prevention project activities in refugee situations. Meanwhile, because many societal structures reinforcing social control have disappeared and the population is largely unemployed, sexual activities and high-risk situations have increased among the youth. Also, relief agencies are in need of technical assistance in gathering qualitative and quantitative information for preliminary stages of HIV/STD intervention programs.

Mobility and HIV
AUTHORS: Anonymous
SOURCE: AIDS ACTION. 1999 Apr-Jun; (44):2-3.
SECONDARY SOURCE ID: PIP/143967
Migrants, refugees, and internally displaced people are vulnerable to HIV because they live in poor areas with little privacy, have different sexual relationships, and lack information about sexual health and services. In response to these problems, HIV prevention and care programs were initiated. The programs include: 1) involving migrant workers as both interviewers and outreach workers to better understand the idea of the migrants per Coordination of Action Research on Mobility and AIDS; 2) improving living conditions; 3) access of migrants to information and services; 4) improving the rights of the people; 5) increasing income; and 6) access to sexual health information that concerns exposure of HIV through different sexual partners.

HIV and Refugees
AUTHORS: Anonymous
SOURCE: AIDS ACTION. 1999 Apr-Jun; (44):7.
SECONDARY SOURCE ID: PIP/143964
The CARE International HIV prevention project with Rwandan refugees in the Benaco refugee camp, Tanzania, is recognized as a successful model for early HIV prevention and care in emergency settings. The project's activities include: 1) involving political and religious leaders; 2) coordinating activities with other organizations in the camp; 3) setting up a network of AIDS community educators and condom distribution points; 4) providing nursing care for people with AIDS in their camp "home"; 5) holding mass education activities; and 6) encouraging rape victims to get medical care and counseling. These

intervention activities were initiated through weekly sporting events, income-generating activities for women, and Adolescent Health Days during which adolescents visited health clinics.

Knowledge and Attitudes about HIV/AIDS among Health Care Professionals Serving Tibetan Refugees in Northern India
AUTHORS: Tsering D; Kissinger P; Hoadley D
SOURCE: INTERNATIONAL JOURNAL OF STD & AIDS. 1998 Jan; 9(1):58-9.
SECONDARY SOURCE ID: PIP/137107
An estimated 1.7 million people in India are infected with HIV. More than 20,000 exiled Tibetans currently live in 19 refugee settlements in the Indian state of Himachal Pradesh. Seasonal migration to areas of high HIV prevalence, tourism into the settlements, and denial and hesitancy to promote safer sex practices are factors which may place these refugees at risk of contracting and transmitting HIV. The Tibetan Delek Hospital in Dharmsala, India, began HIV/AIDS training courses in July 1995 for health professionals who work in the Tibetan community. Findings are reported from a study conducted in April 1996 to assess course participants' mid-training attitudes about HIV/AIDS and their training needs. 22 health workers completed a self-administered questionnaire. 86% were women, mean age was 31 years, 57% were nurses, 24% were community health workers, 14% were public health educators, 1 participant was a dental therapist, and all perceived religion to be important. 62% were care providers and 38% were administrators. AIDS was cited as the most important health problem by 14% of respondents. Respondents identified their primary sources of HIV/AIDS information as the television (86%), health clinics (82%), and newspapers (73%). 64% had discussed HIV/AIDS with friends, 50% with patients or students, 41% with family and relatives, and 32% with a sex partner. 60% believed that giving away condoms promotes sexual activity and 43% believed that people with AIDS should be isolated. Despite some misinformation about transmission routes, the overall level of HIV-related knowledge was adequate. Sexual conservatism in the Tibetan community is a potential barrier to HIV/AIDS education.

War, Oppression, Refugee Camps Fuel Spread of HIV: Migration and HIV
AUTHORS: Anonymous
SOURCE: BRIDGE. 1998 Jul 3; (5):4-5.
SECONDARY SOURCE ID: PIP/136143
Evidence from countries such as Rwanda, Bosnia, and Sierra Leone links war and forced migration to the spread of HIV. In complex emergencies such as war, the social cohesion characteristic of stable societies is disrupted and families are dispersed, thereby increasing people's vulnerability. An estimated 30,000-40,000 women were raped during the war in Bosnia. In refugee camps, women may be forced to trade sex for food and protection for themselves and their children. Even when refugees are integrated into receiving communities, they remain vulnerable to sexual exploitation. Medical practitioners in refugee settings tend to emphasize diseases such as diarrhea, malaria, and respiratory illnesses. After a complex emergency, when a minimum range of health services is being re-established, HIV prevention is often considered a secondary issue. The International Federation of the Red Cross has advocated meeting the sexual health needs of refugees during the first 6 weeks of an emergency situation. The Federation provides condoms to refugees in transit and assistance to rape victims. The United Nations High Commission on Refugees ensures that refugee camps provide HIV/AIDS information, access to condoms, screening of donated blood, and observance of universal medical precautions.

Refugee Health: an Approach to Emergency Situations
AUTHORS: Bigot A; Blok L; Boelaert M; Chartier Y; Corijn P; Davis A; Deguerry M; Dusauchoit T; Fermon F; Griekspoor A
SOURCE: London, England, Macmillan Education, 1997. 380, [4] p.
SECONDARY SOURCE ID: PIP/131885
The book, which focuses on policies and was written as a guide for decision-makers, consolidates the experience of Medecins Sans Frontieres, a nongovernmental health agency, in dealing with refugees and

internally displaced persons. The two introductory chapters in part 1 contextualize the problem by reviewing 1) the political implications of refugee situations and the role of various agencies involved and 2) the sociocultural aspects of a refugee community. Part 2 provides more specific information on the emergency phase, when priority is given to interventions to reduce excess mortality. Each of the following "top ten" interventions is covered in a chapter: initial assessment, measles immunization, water and sanitation, food and nutrition, shelter and site planning, health care in the emergency phase, control of communicable diseases and epidemics, public health surveillance, human resources and training, and coordination (camp management). The final part of the book looks at some specific aspects of health care in the postemergency phase, including curative health care, reproductive health care, child health care, HIV/AIDS and sexually transmitted diseases, tuberculosis programs, and psychosocial and mental health. Appendices offer an initial assessment form, a list of need for mass immunization campaigns, a review of communicable diseases of potential importance in refugee settings, examples of surveillance forms, and examples of graphs used in surveillance.

Refugee Women, Violence, and HIV
AUTHORS: Long LD
SOURCE: In: Sexual cultures and migration in the era of AIDS: anthropological and demographic perspectives, edited by Gilbert Herdt. Oxford, England, Oxford University Press, 1997.
SECONDARY SOURCE ID: PIP/129478
This book chapter focuses on the sexual subculture of refugee women who live in stark conditions of violence, uprooting, and conflict. The author examines the risk factors faced by refugee and displaced women in conflict situations and describes the physical protection issues faced by these women at various stages of refugee experience. The stages include conflict and uprooting, flight and asylum, and repatriation and local settlement. Brief case histories are provided for Laotian Hmong women in Ban Vinai Refugee Camp in Thailand, Ugandan refugee women in Nairobi, Bosnian Muslim women in Croatia and Serbia, and lowland Lao women in San Francisco. Refugee situations are uncertain, which hampers a clear assessment of AIDS among refugees. Data were obtained from interviews conducted in a variety of locations as part of larger demographic and ethnographic studies. An estimated 75-80% of the almost 20 million refugees worldwide are women and children. 15-25 million are displaced persons. 90% of refugees in camp settings are women and children. Female-headed households are on the rise. Women are disadvantaged by their relative poverty and their lack of security. Women and young girls in refugee situations may provide sexual favors in exchange for food. Refugee populations have very high birth rates. Some refugees complain that increased sexual activity is due to lack of other options. Reproductive health services are usually of poor quality and not readily accessible. Refugee women are identified as marginalized, which is acerbated by a special focus on HIV treatment. Rape is becoming increasingly common as a weapon of conflict used by troops. Privacy in camps is lacking. At every stage refugees can be raped, coerced into nonconsensual sex, and/or forced into prostitution. The case studies illustrate the variety of experiences of women refugees, but these women have in common lack of safety and control over their sexual life.

HIV/AIDS, Refugee Crises, and Mass Migration in sub-Saharan Africa: The Implications of Mass Forced Migration and Repatriation on Disease Transmission, with an Analysis of Program Options (Project Scope of Work)
CORPORATE NAME: Refugee Policy Group
SOURCE: [Unpublished] 1997 Feb 11. 14 p.
SECONDARY SOURCE ID: PIP/127467
The rate and extent of HIV/AIDS transmission is accelerated when people travel and intermingle. However, faced with the need to fulfill immediate health and nutrition demands, international agencies which help forcibly displaced populations have given little attention to the implications of mass population movements with regard to HIV infection and AIDS. HIV therefore has ample time to spread among populations experiencing complex emergencies. It is difficult for agencies to track and study HIV

in moving populations because emergency health services do not allow testing and recording structures do not remain intact. Outside investigations are required. HIV/AIDS is already the number one cause of death in many sub-Saharan African countries. In the future, mass migration in Africa may play a major role in determining the pattern of disease burden. Researchers must therefore apply AIDS models to analyze the association between HIV transmission and mass migration and reintegration. Alternative programs capable of addressing HIV risk in migrant populations in Africa must also be developed. A Refugee Policy Group project to investigate and report upon these issues is described.

AIDS Prevention for Refugees: The Case of Rwandans in Tanzania
AUTHORS: Benjamin JA
SOURCE: AIDSCAPTIONS. 1996 Jul;3(2):4-9.
SECONDARY SOURCE ID: PIP/117849
Rwanda erupted in civil war in the spring of 1994, leading to the flight from the country of hundreds of thousands of refugees into neighboring Tanzania and Zaire. Within days, the population of the Benaco refugee camp grew to more than 250,000, making it the second largest city in Tanzania. HIV infection rates in some sectors of the Rwandan population had been among the highest observed in Africa. High levels of HIV infection thus remain among the refugees from Rwanda. Four months after the beginning of the exodus from Rwanda, the AIDS Control and Prevention (AIDSCAP) Project contracted with CARE International to manage a broad-based HIV prevention pilot project for Rwandan refugees at the Benaco refugee camp. Conditions in the camp and the project are described, followed by consideration of the prevailing culture and behavior change. The author believes that the pioneering work at Benaco and three other Ngara District camps offers valuable lessons on working with displaced populations under crisis conditions.

Violence Against Women in War: Rape, AIDS, Sex Slavery
AUTHORS: Anonymous
SOURCE: AIDS WEEKLY PLUS. 1996 Nov 25 - Dec 2;:13-4.
SECONDARY SOURCE ID: PIP/118600
At an international conference attended by 2000 delegates, violence against women in Rwanda, former Yugoslavia, and Kurdistan was discussed. Kalliope Migirou, of the United Nations Human Rights Field Operation in Rwanda, described the slaughter of between 500,000 and 1.5 million Tutsis and moderate Hutus in 1994; estimates of the number of rapes ranged from 15,700 (Rwandan government) to 250,000-500,000 (UN special representative). Women were gang-raped and sexually mutilated; fathers were forced to rape their daughters, and sons, their mothers. The transmission of HIV was used as a weapon to murder women and their communities. Women were taken to refugee camps as sex slaves and have written their families about their "new marriages" to Hutu militia men. No rape charge is found among the more than 4000 cases prepared for the Rwandan war crimes trial. 80,000 Rwandans are in prison on suspicion of participating in the genocide; 8% are women. Violete Krasnic, of the Autonomous Women's Center Against Sexual Violence in Belgrade, spoke about the war in former Yugoslavia, which increased all forms of violence against women: 1) domestic violence, particularly in inter-ethnic marriages; 2) death threats against women (up 30-50%); 3) rape (up 30%); and 4) threats with weapons (40%). Men, upon exposure to nationalistic propaganda, used violence against their wives. Nazaneen Rasheed, a London-based representative of the Women's Union of Kurdistan, stated that women in northern Iraq had no power or land. While some turned to prostitution to survive, hundreds were killed by male relatives because of shame to the family.

Taking Early Action in Emergencies to Reduce the Spread of STDs and HIV
AUTHORS: Msuya W; Mayaud P; Mkanje R; Grosskurth H
SOURCE: AFRICA HEALTH. 1996 Jul;18(5):24.
SECONDARY SOURCE ID: PIP/115961

The disintegration of family life, disruption of social norms, poverty, and commercial sexual activity associated with the lives of Rwandan refugees in camps in northwest Tanzania increase their susceptibility to sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV). To prevent such an outcome, the African Medical and Research Foundation proposed that STD/HIV interventions be launched under the auspices of the governing body in the refugee camps. A rapid assessment methodology survey was conducted to acquire baseline data for resource allocation (drugs and personnel), case finding strategies, and staff training. Each refugee community was visited by a team of specially trained health behavior promoters who presented a four-part IEC package: sensitization of camp leaders, general STD/HIV awareness, STD treatment-seeking behaviors, and sexual behavior modification through peer education. Condoms and health education materials were distributed by peer educators. STD services have been introduced to outpatient, family planning, and prenatal clinics in the camps. Although HIV testing was not undertaken for political reasons, pregnant women at three camps received screening for syphilis. Such STD control interventions should become a standard component of refugee assistance.

War, Poverty and the AIDS Epidemics in Ethiopia
AUTHORS: Eshete H; Hearst N; Mandel J; Lindan K
SOURCE: [Unpublished] [1992]. 2 p.
SECONDARY SOURCE ID: PIP/083429
The major war mounted in Northern Ethiopia in 1962 continued for 30 years. At one point, Ethiopia had one of the largest army in Africa, approximately 250,000 troops. Having sexual intercourse, yet often unwilling to practice safer sex, soldiers are both especially vulnerable to HIV infection and potentially capable of transmitting the virus from place to place as they move about and between war zones. Emergency blood transfusions in the field are also a mode of HIV transmission among troops. A 1991 Ministry of Health report stated that 17.5% of government military troops were infected with HIV. After the fall of the former government in June 1991, many troops were abandoned and expected to return to the various parts of the country from which they had come. Neither blood testing nor health education programs were offered to the troops prior to their repatriation. HIV-infected ex-soldiers are now spread across Ethiopia, most likely infecting others through unprotected sexual intercourse. Organized interventions against AIDS were not possible in the war zone areas. War in Ethiopia therefore both created conditions favorable for the spread of HIV and impeded the necessary actions for its prevention and control. Compounding the problem are the approximately 9.5 million civilians displaced mainly due to war, drought, and famine during 1977-92, the approximately 90,000 people displaced in February 1992 in one of the southern regions of the country due to tribal and ethnic conflicts, and refugee in-migration from neighboring countries where there has been significant sociopolitical turmoil in recent years. Unemployment is high, the divorce rate has increased, and prostitution is booming in major towns and cities. Recent prevalences of HIV infection in Ethiopia are thought to be 2.3%, 44%, 15%, and 2.45% among blood donors, commercial sex workers, truck drivers, and scholarship students, respectively.

Preventing AIDS in the Rwandan Refugee Camps
CORPORATE NAME: Population Services International [PSI]
SOURCE: PSI PROFILE. 1995 Feb;1-2.
SECONDARY SOURCE ID: PIP/107717
Relief efforts in the Benaco refugee camp of northwestern Tanzania now include the first large-scale AIDS intervention ever undertaken in a refugee population. Population Services International's condom distribution and communications campaign is a principal component of the new effort. Prior to the campaign it was found that while AIDS awareness among the Rwandans in the camp was high, condom use was low. Condoms were available only through a limited number of medical outposts. PSI therefore focused upon creating demand and establishing a large number and variety of condom distribution outlets. The organization used creative communication strategies to bring about behavioral change and made condoms widely available in clinics, hospitals, bars, kiosks, and open-air markets. Fourth quarter 1994

condom distribution totalled 435,400 in a population of approximately 420,000. The campaign and special events in particular target sexually active youth. A mobile video van will soon be added to allow PSI to expand its communications activities. This intervention has demonstrated that refugees in a temporary camp need AIDS prevention and other health products just like they did in their home towns and cities. Moreover, they will use the products if convincing motivational activities are combined with availability.

AIDS and Civil War: a Devil's Alliance
Dislocation Caused by Civil Strife in Africa Provides Fertile Ground for the Spread of HIV
AUTHORS: Mworozi EA
SOURCE: AIDS ANALYSIS AFRICA. 1993 Nov-Dec;3(6):8-10.
SECONDARY SOURCE ID: PIP/094550
The factors that play a role in the spread of HIV in Africa are: Disruption/destruction of the African social structure by civil wars which tended to discouraged immorality. Civil wars have led to families being separated and displaced. Children especially girls will be forced to engage in early sex. During civil wars most men are engaged in the war. Those men who remain behind end up with many women as their sex partners leading to the spread of sexually transmitted diseases (STDs)/AIDS. Young boys who are displaced by the war or whose parents die join the army, as happened in Uganda during the 1981-1986 civil war and recently during 1987-1991. Many of these young soldiers got infected with STDs/HIV. Restriction on mobility, curfews, and road blocks also encourage promiscuity with the resultant acquisition of STDs. In East, Central and Southern Africa HIV prevalence is higher in urban (up to 30%) than in rural areas. During civil wars through increased mobility the AIDS epidemic, which was initially confined to urban areas, is spread to the rural areas as well. Somalia, Sudan, Ethiopia, and Mozambique are examples of refugees as a result of civil wars who are easy targets for promiscuous sexual activities for survival. Human rights abuses include rape and torture by soldiers. The destruction of economy and infrastructure also hampers control efforts. In Uganda it took from 1981 to 1984 to introduce an AIDS Control program because the country was busy with the civil war (1981-1985). The result was the unchecked spread of HIV infection throughout the country with the result of highly trained people leaving. During civil wars, African Governments do not allow access to information including the dissemination of information about AIDS in some countries. Loss of international confidence also occurs as a result of the persistent civil wars in Africa.

Refugee AIDS Tragedy?
AUTHORS: Rweyemamu C
SOURCE: WORLDAIDS. 1994 Sep;(35):1.
SECONDARY SOURCE ID: PIP/098894
The Kasulo camp in Tanzania accommodates more than 400,000 Rwandan refugees with at least 2000 more arriving daily. Although up to 33% of pregnant women last year in Kigali and up to 25% of adults in Dar es Salaam are seropositive for HIV, and HIV may spread very quickly between and among the refugees and indigenous population, fighting HIV and AIDS in and around the refugee camps is not a priority of relief agencies. The Tanzanian government and international relief agencies are instead concentrating upon providing refugees with food, shelter, and the basic necessities of sustaining life. Relief agencies will begin addressing HIV/AIDS once the acute phase of this refugee emergency has ended, but not yet.

Mobility and the Spread of HIV/AIDS: a Challenge to Health Promotion
AUTHORS: Broring G; van Duifhuizen R
SOURCE: AIDS HEALTH PROMOTION EXCHANGE. 1993;(1):1-3.
SECONDARY SOURCE ID: PIP/090514
Mobility affects health because unfamiliar surroundings can cause people to take health risks which they may have avoided in their ordinary environments. The epidemiologic role of mobility in spreading

communicable diseases is highlighted by the emergence of a new disease such as HIV infection. The path of HIV can actually be plotted on a map. The disease cannot be stopped at international borders, however, because this is an era of increasing international interdependency. Programs for HIV prevention must consider the mobility circumstance, whether the target population consists of permanent, temporary, or seasonal migrants, non-settling travellers, or involuntary refugees. The vulnerability of each group must be assessed in terms of such issues as exposure, socioeconomic status, and access to health care. Aspects of cultural background, such as language and concepts of sexuality, are important considerations for migrants, as are psychological factors for travellers (pleasure-seeking tourists and relaxation-seeking business travellers) and legal aspects and living conditions for refugees. To date, prevention programs in Brazil, India, Burkina, Faso, Kenya, and Tanzania have targeted truckers. Both national campaigns and specific projects have been addressed to travelers, with high acceptance achieved, for example, in Australia, and, for tourists, in Torbay, England. Migrant male and female prostitutes have been the focus of health services in western European cities in collaboration with the project "AIDS and Mobility." To succeed, collaboration in prevention programs must follow the disease across international borders and cooperation must extend throughout a network of agencies.

Mobile Populations and AIDS: Moving in the Right Direction
AUTHORS: Anonymous
SOURCE: AIDS HEALTH PROMOTION EXCHANGE. 1993;(1):13-5.
SECONDARY SOURCE ID: PIP/090502
HIV/AIDS educators need to conduct studies on mobile populations to understand how travel affects sexual practices and ideas about sexuality and illness. For instance, does the duration of time away from a sexual partner to whom he/she is committed determine at what speed that person looks for a new sexual partner? Researchers should include target group members in drafting research questions and data collection strategies. This helps focus the study and makes sure that the study addresses relevant topics. In-depth interviews with individual target group members, informal group discussions in public places through which target group members travel, and/or observation of social activities of travelers and migrants where they stay and work would probably be the best data collection strategies, since limited relevant research has been conducted. Observations would also illustrate the setting and circumstances in which risky behavior might occur and likely present clues to appropriate communication channels when HIV/AIDS educators take on information, education, and communication (IEC) activities. Educators should design interventions in the target group's native tongue. Oral communication may be the most effective intervention due to high printing costs and target group members are often semiliterate or illiterate. Video showings, plays musical presentations, and questions and answer sessions are oral oriented interventions. Care-USA recommends interactive programs, e.g., radio talk shows, where the target population can call in and add to discussions on HIV/AIDS. It also suggests training staff of enterprise of mobile populations on HIV/sexually transmitted disease prevention measures, giving them a constant supply of condoms, and presenting periodic IEC programs to their clients (i.e., truck drivers). In refugee camps, IEC activities should be combined with counseling. International cooperation is needed to make HIV/AIDS prevention programs targeting the mobile population successful.

Dissemination of AIDS Information Among Sudanese Refugee Women in East Moyo District, Northern Uganda
AUTHORS: Akwir M; Arkangel A; Idro WJ; Homsy J
AUTHOR AFFILIATION: Moyo AIDS Control Initiative (MACI), Kampala, Uganda. Fax: 256-41-268'498 or 267'113. E-mail: msftheta@imul.com.
SOURCE: Intl. Conf AIDS. 1996 Jul 7-12;11(1):415 (abstract no. Tu.D.2911)
SECONDARY SOURCE ID: ICA11/96923045
AIDS education among Sudanese refugee women in Moyo District faces the challenge that most refugee women lack basic education, are often separated from their husbands and families and therefore highly vulnerable socially and economically. Project: Over the last 18 months, the strategy has been to openly

discuss sexuality and AIDS with women group leaders and women representatives of various ethnic and language backgrounds with the aim that they, in turn, would give information and organize open discussion sessions among their peers in the camps. Results: The majority of trained women leaders have become very active in passing basic information on STDs and AIDS to their communities. Together with other women, they have composed and produced educational AIDS songs in various ethnic languages. Some trained women however had difficulties in taking such initiatives due to their lack of leadership skills, lack of group spirit as well as lack of motivation. Lessons learned: Training and having open discussions on AIDS with refugee women leaders can be an efficient way to disseminate information and instigate action among multi-ethnic, under-educated women in a highly vulnerable environment.

Vulnerability of Refugee Women to HIV/AIDS Infection in Refugee Camps in Northern Uganda

AUTHORS: Akwir M; Arkangel A; Moluma D; Idro JW; Homsy J
AUTHOR AFFILIATION: Moyo AIDS Control Initiative (MACI), Adjaumani, Uganda.
SOURCE: Int Conf AIDS. 1998;12:978 (abstract no. 44209).
SECONDARY SOURCE ID: ICA12/98406941
Local beer brewing and selling is a common activity for young refugee women aged 17-30 years in the Sudanese refugee camps located in Adjumani district, Northern Uganda. This activity involves selling beer until late at night while dancing to local music to entertain customers, thus increasing women's chances of having sex under the influence of alcohol. As a result, unprotected sex with multiple sex partners and unwanted pregnancies are common. In this refugee camp, the majority of beer brewers are widows or women who were forced to separate from their husbands due to war. PROJECT: Considering the increasing number of local beer brewers and consumers, an intervention was planned to mobilize refugee women and sensitize, inform and educate them about HIV/AIDS facts. RESULTS: On-site workshops with local women working as beer brewers and sellers in the refugee camp were conducted by the project Refugee Women Mobilizer who is a certified HIV/AIDS woman trainer. The workshops reached 313 women and were conducted in three different languages as women are of various origins. Women participants found the workshops interesting and participatory, as they were able to express their problems, concerns and fears. Half of them are now acting as peer educators, and are able to educate their customers and the rest of the women in the camps, and to promote condom use among their clients. This multiplicative approach has enabled the project to reach three times the number of clients as initially targeted. Women are followed up regularly by the Refugee Women Mobilizer to support these efforts and help them initiate alternative income generating activities. LESSONS LEARNT: Raising income through beer brewing among Sudanese refugee women is their primary response to cope with forced poverty. This situation is compounded by the fact that it is difficult, if at all possible to know the prevalence of HIV among refugee populations, who are at risk for many other diseases due to their displacement. Early interventions are thus all the more critical, and possible provided they are well-focused, participatory and try to address as well poverty.

AIDS Prevention Education for School Youth Refugees through Teacher Participatory Training in a Sudanese Refugee Camp in Northern Uganda

AUTHORS: Arkangel A; Idro WJ; Homsy J
AUTHOR AFFILIATION: Moyo AIDS Control Initiative (MACI), Moyo District, Kampala, Uganda. Tel/Fax: 256-41-268'498 or 267'113. E-mail: msfch@imul.com.
SOURCE: Int Conf AIDS. 1996 Jul 7-12;11(2):322 (abstract no. Th.C.4424)
SECONDARY SOURCE ID: ICA11/96924793
To assess if teachers who have attended participatory AIDS workshops talk about AIDS in the classroom and if condom issues are discussed as an STD/AIDS preventive option with school children in the Sudanese Refugee camps and settlements of Eastern Moyo District, Northern Uganda. Methods Between January and December 1995, MACI conducted 33 one or two-day training workshops reaching 547 primary school teachers in 14 schools selected at random in the camps. Teachers were asked to answer an evaluation questionnaire they were given 1 to 6 months after completing their training. Results: Of 139

teachers who answered the questionnaire (118 men, 21 women), 108 (78%) had attended the workshops at least once, and 42 (30%) twice. 88 (63%) teachers said they talk about STD/AIDS to their pupils and the community and 29 said they talk to their friends, relatives and church community. 33 teachers (24%) said they discuss condom issues in the school as one of the preventive options for the school youth. 16 teachers who do not speak about condoms said that "condoms increase immorality", "children are too young to be introduced to condom use", and that "it is against the teaching of the Bible or the Koran". Finally, half of all respondents suggested that AIDS workshops should be organized regularly and teachers be provided with handouts and AIDS books. Conclusions: This study shows that training of primary school teachers in a refugee setting is a feasible and simple way to reach pre-adolescent and adolescent refugees, who are perhaps at highest risk of contracting STDs and HIV. The results suggest that the programme should organize regular participatory STD/AIDS workshops for teachers and develop a curriculum together with them to integrate STD/HIV and AIDS into the regular education.

Poverty Reduction to Combat the Spread of HIV Among Refugees
AUTHORS: Owori JF; Nduhura DM; Nakazibwe M
SOURCE: Int Conf AIDS. 1998;12:981 (abstract no. 44229)
SECONDARY SOURCE ID: ICA12/98406961
Population in refugee settings are vulnerable to HIV infection due to economic Insecurity and require appropriate credit & awareness interventions. PROJECT: Given the increasing levels of exchange of sex for material gains in the refugee setting, ACORD East Moyo Integrated an HIV/AIDS Component to its programme activities. By March 1997, the Project had supported the Community to elect loan Management Committee (LMC) members from 5 Settlement Camps and one Subcounty as Pioneer Sites. The project targets orphan carers, women and youth. A strong reproductive Health education element, focusing on HIV/AIDS and Sexually Transmitted Infections forms the Core of the project. A team of Community Volunteers including counsellors, educators and trainers work with two full time staff to run the project. RESULTS: The project was well received by both refugees and the host population. Loans ranging from $60 to $400 were disbursed to 20 women groups and 19 families. Visists to and discussions with the beneficiaries revealed the that their livelihood had improved as a result of the loan. LESSONS: Credit Schemes in a refugee setting are pottentially successful if they are initiated in a participatroy way, targeting both refugees and the host population.

AIDS Prevention Knowledge and Practice among Sudanese Refugees in Adjumani District, Northern Uganda
AUTHORS: Dralobu J; Moluma D; Arkangel A; Idro JW; Homsy J; King R
AUTHOR AFFILIATION: Moyo AIDS Control Initiative (MACI), Adjumani, Uganda
SOURCE: Int Conf AIDS. 1998;12:913-4 (abstract no. 43339).
SECONDARY SOURCE ID: ICA12/98404969
To assess the impact of AIDS information dissemination among Sudanese refugees in northern Uganda after a 3-year IEC program. METHOD: The IEC program emphasized since 1994 classical AIDS prevention messages including condom use, faithfulness, and abstinence, among others. In 1997, 166 respondents aged 15 to 55 were randomly interviewed regarding their knowledge and practice of AIDS prevention methods using a structured questionnaire and open-ended questions. RESULTS (See Table): While many more males than females were likely to know and practice condom use (both $p < 0.0001$), substantially more females than males reported practising faithfulness for HIV/AIDS prevention ($p = 0.002$). TABULAR DATA, SEE ABSTRACT VOLUME. CONCLUSION: Sudanese refugee women's lesser knowledge and practices regarding condom use and higher reliance on faithfulness reflect their increase vulnerability and dependence as compared to men in their situation which may lead to increased susceptibility to HIV infection. This result is prompting the programme to put a special emphasis on interventions targeted at refugee women.

Evaluation of HIV Infection Progression Risk in Area Refugees at North-East Region of Zaire

AUTHORS: Mabasi M; Wembo GL; Nzila N
AUTHOR AFFILIATION: PROJET SIDA/HMY, Antwerpen, Belgium.
SOURCE: Int Conf AIDS. 1996 Jul 7-12;11(1):381 (abstract no. Tu.C.2674)
SECONDARY SOURCE ID: ICA11/96922851
To assess the progression risk of HIV infection in short-time in global population (natives and refugees) at north and south Kivu. Methods: In 1994, the disorders in Republic of Rwanda has provoked a migration of Rwanda's population towards N/S Kivu (Zaire). The evolution of AIDS cases per millions was obtained by projections of: 1) population (natives + refugees) found by the demographic growth rate of Kivu, 2) HIV infection calculated from the means rate of high risk region (Uganda), which provided from regression of AIDS cumulative cases over time, with logarithmic transformation Results: (table: see text) Conclusions: 1) High risk of HIV infection exists in North East region of Zaire. 2) If nothing is done now, the situation will become worse in a short-time.

AIDS Awareness in the Afghan Refugees and the Muslim Community
AUTHORS: Gohar A
AUTHOR AFFILIATION: The Human-Nest, Peshawar, Pakistan.
SOURCE: Int Conf AIDS. 1994 Aug 7-12;10(1):361 (abstract no. PD0050).
SECONDARY SOURCE ID: ICA10/94370387
Factors: (1) Economic hardships. (2) Fundamentalist, tribal and male-dominated society. (3) Strife and civil war. (4) Lack of education and health facilities. (5) Considered as a scourge of god. (6) Free and frequent meeting of the sexes prohibited. (7) Sharing of barber, s tools and injection needles. (8) Addition and perversion. REMEDIES. 1. Influence exercised by religious leaders. 2. Elaboration in sermons through quranic verses and the prophet, s tradition. 3. Spreading education and health facilities. 4. Frequent blood screening tests. 5. Treatment of the AIDs patients and their care. 6. Mass education through press and electronic media. 7. Awareness sessions through the most effective community centres of Hujras. 8. Awareness in the female community through mid wives and ayas.

HIV Transmission Risks and AIDS among Refugees in Developing Countries
AUTHORS: Nieburg P
AUTHOR AFFILIATION: Division of HIV/AIDS, CDC, Atlanta, GA.
SOURCE: Int Conf AIDS. 1993 Jun 6-11;9(2):737 (abstract no. PO-C21-3119).
SECONDARY SOURCE ID: ICA9/93337042
Few data exist on HIV/AIDS in developing-country refugee settings. We reviewed HIV/AIDS epidemiology and refugees health care issues to identify refugee-specific concerns regarding HIV transmission and development of AIDS and its complications. OBJECTIVE: To encourage consideration in refugee settings of pre-migration HIV prevalence in both refugee and host populations, risks for HIV transmission within the refugee population, degree of social interaction and risks for spread (in either direction) between refugee and host country populations. DISCUSSION: Sexual transmission: Refugee populations often lack access to HIV screening, STD treatment, health education and condoms. Sexual abuse of refugee women may carry additional risk of HIV. Adult male refugees living alone may be at increased risk for unprotected sex with infected persons. Blood-related transmission: Transfusions, if available, may be used excessively and may not be HIV-screened. Shortages of disposable needles and syringes may increase iatrogenic HIV transmission risk. AIDS and complications: AIDS diagnosis and treatment resources may be less accessible to refugees than host populations. Tuberculosis, a common problem in refugee populations, is a frequent and severe opportunistic infection among HIV-infected persons and its spread is facilitated by crowding. Sanitation problems may increase risk of enteric infections. Malnutrition associated with acute and chronic dietary deficits can complicate AIDS case management. CONCLUSIONS: Those managing developing country refugee health care should increasingly be prepared to confront problems related to HIV transmission and AIDS, at least some of which are preventable. However, because refugees often lack sufficient access to prevention resources, increased attention to obtaining and managing such resources is necessary.